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CLIENT FEEDBACK:
AN INPUT FOR THE ACCOUNTABILITY PROCESS
OF FAMILY SERVICE AGENCY
LINCOLN, NEBRASKA 1979

A Thesis
Presented to the
Department of Social Work
and the
Faculty of the Graduate School
University of Nebraska

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work
University of Nebraska at Omaha

by
Rita Sherman
August 1980

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Nebraska, in partial fulfillment of the requirements for the degree
Master of Social Work, University of Nebraska at Omaha.

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INTRODUCTION

The purpose of this research is to include the feedback of clients in the process of evaluating the accountability of the counseling program at Family Service Agency of Lincoln, Nebraska. It is the assertion of this researcher that the very act of seeking clients' perception of services constitutes part of being accountable for services. Such client data, combined with assessments of cost effectiveness and outcomes, comprise the fundamental elements of the accountability process. This research distinguishes among these elements, and is primarily interested in clients' perception of change and satisfaction with service.

A discussion of the appropriate and valuable place of client satisfaction data in evaluation research is presented in Chapters I and II. Since evaluation research is a circular process, rather than linear, client satisfaction/perception data is presented as an output used as an input for feedback to the agency for planning purposes. A clear distinction is made relative to the use of client satisfaction measures in this manner, and in effectiveness measures. The latter is not considered an appropriate use of client satisfaction data.

Family Service Agency of Lincoln, Nebraska instituted client satisfaction surveys as part of their evaluation process in 1977. A five-month survey from November 1977 to March 1978 was conducted to determine the level of client satisfaction with service. The present study, conducted during the calendar year, 1979, was a follow-up of this evaluation process. The client satisfaction surveys, then, have assumed a time-series structure and have become a part of the regular evaluation process of this agency.

Some changes were made in the 1979 survey. In addition to the difference in duration of the two studies, in 1977-78, the short form of the Beck and Jones survey (1973) was used. In the 1979 survey, the Beck and Jones long form (1976) was used. Several questions were identical to the short form, and these were used for comparison of the two studies. Telephone contacts on a random basis were also employed in the 1979 study.

This study, then, has been conducted to learn the client level of satisfaction with service, and client perception of change, as inputs for agency planning.

CHAPTER I

ACCOUNTABILITY AND EFFECTIVENESS, AND THE ROLE OF CLIENT SATISFACTION STUDIES

What is meant by accountability? Is the issue of accountability changing as the nature of our society changes? How do we establish accountability? Which is primary--accountability to self or accountability to other? Is accountability a professional issue? Is being accountable tantamount to being effective?

These are many of the questions that face the social services, and certainly face social workers as part of the social service system. It is the contention of the author that as society has changed (e.g. become more complex, specialized, and larger in numbers of people), so has the nature of accountability. We are no longer able to be directly accountable to the consumers of our goods and services because of the distance (globally and culturally) that separates producers/service providers from consumers/clients. What is it, then, that motivates accountability for services today, and to whom are we, as social workers, accountable? And finally, then, how do we determine accountability, that is, measure it?

Within the last decade, several situations have occurred which thrust human services into a "crisis of accountability."

Cutbacks in the federal budget in 1974 made providers of social services quickly aware of the need for priority-setting. (U.S. Government Budget, 1973). There was a concerted effort by the Nixon Administration to balance the budget by eliminating federally funded social programs which were not "effective." Unfortunately, most of those programs did not have adequate evaluation procedures incorporated into their planning and implementation. Newman and Turem (1974) suggest that clear objectives are invaluable in evaluating interventions of change be it macro social programs or micro casework when they state: "In most cases...claims that the successful outcome was based on the intervention would be given benefit of doubt if the intended outcomes had been clearly specified and believable." (Newman and Turem, 1974:16) It would seem, then, that while we may not be able to prove that an intervention actually caused a specific change, we are more likely to show that the intervention was a significant facilitator of that change process if specific goals and objectives are stated at the outset of the intervention, i.e., at the planning stage.

Legislation relative to Community Mental Health Programs has also increased the emphasis on accountability for services provided. (Margolis, Sorensen, and Galano, 1977) While such legislation is directed specifically to public programs, the demand for evaluation and accountability is present in any programs which receive federal monies. Thus, private agencies which procure grant monies for special programs have become increasingly involved in the accountability issue as manifested in program planning and evaluation.

The questions at the beginning of the chapter illustrate the complicated nature of accountability. Several authors (Rosenberg and Brody, 1974; Tropp, 1974; Newman and Turem, 1974; Hoshino, 1973) have addressed this subject and have provided considerable insight. Tropp made a definite distinction between accountability and effectiveness. He stated: "...accountability...(is) a product of intent and (effectiveness is) the level of performance that derives from being accountable, with the issue or proof being one more stage removed." (Tropp, 1974:139) Tropp continues to differentiate among accountability of practitioners to the public, to users of services, and to the agency. Each of these distinctions is important because from them we begin to understand the complexity of accountability. The author also believes that as we make such distinctions, we can then proceed to

be more systematic in our evaluation of accountability. In order to measure each of these differences, we must first define them relative to each other. "To act with the intention of delivering the services effectively and humanely is to fulfill accountability to the public." (Tropp, 1974:141)

Tropp's discussion of accountability clarifies some different ways to determine goals for evaluating accountability to the public. If "acting with the intention of delivering services effectively and humanely" is part of the accountability process, we may want to ask if such acting with intention is really fulfilling accountability, or rather, is it part of fulfilling accountability to the public? The latter seems more accurate. In understanding this concept of "acting with intention," it is important to note that "intention" is not to be construed as the paving for the proverbial road. Rather, "intention" here refers to, and is based on, contractual agreements between practitioners and public (user and agency). These contractual agreements include the provision of services, the delivery of services, and the education of persons relative to such services. Each of these elements is specific to a profession, and to the values, knowledge base and skill claimed by that profession. Therefore, "intention" itself speaks of contract when discussed in terms of a profession. "To be accountable is to be liable

or legally bound to account for the terms of a contracted transaction." (Tropp, 1974:141)

Critics, such as Rosenberg and Brody, discussing the research of the social programs of the 1960s (War on Poverty, Model Cities, etc.), stated that researchers failed to be clear about, and "to examine adequately whether the program had any real relationship to the causes of the problem; whether any specific results could be measured; or indeed whether the knowledge, resources, and professional competence existed to deliver what was promised." (Rosenberg and Brody, 1974:345) Again, what seems to be implied here is that social workers need to be realistic about what a service can be expected to do, design interventions that are goal-specific, and to determine observable measures. In terms of casework, what frequently happened was that clients requested aid that was concrete in nature (i.e., food, jobs, medical aid, etc.) and received instead services that were intrapsychic (psychotherapy, counseling). This type of mismatching needs to be studied, and can be best evaluated as caseworkers establish specific, measurable goals at the outset of service.

The need for accountability, then, can first be understood in terms of the responsibility of the social work profession to the public. From this perspective, we begin to comprehend the multiplicity of elements

involved with discussing and researching accountability. We can understand what Newman and Turem (1974) meant when they said that those persons who define accountability as "the quality of service delivery" (Austin and Caulk, 1973:16) miss "the point that accountability comprises a series of elements ranging from problem identification to goal formulation, and it raises the central questions of efficiency and effectiveness in reducing social problems." (Newman and Turem, 1974:5) It would seem, then, that to appropriately evaluate the accountability of a program, it is necessary to determine what each one of these elements is and evaluate them separately. Thus, an agency (or program) could identify a problem, design a program for a targeted client group, develop a budget, receive high satisfaction ratings from consumers, but still achieve only a mediocre success rate relative to the goals of the program, and not be cost effective. (Scotch and Hosket, 1978:107-113) Instead of labeling the entire program a failure, it is necessary to discern which of these elements in the accountability process needs to be changed, and which are functioning effectively.

In addition to the discussion of accountability offered by Newman and Turem, Emmanuel Tropp (1974) suggested another description which further elucidates the accountability dilemma. Tropp (1974) described two triads relative to accountability which seem to provide further clarification

for evaluation. On one level is the expectation-performance-accountability triad. On the other is the triad of effectiveness-guarantee-proof. To illustrate these triads, he offered the following thought:

A worker may be accountable by intent, but his performance may not be competent enough to live up to what is expected of him. Further, a worker may be highly accountable and highly competent, but not effective in given situations because of external limitations. Finally, a worker may perform effectively, but there may be no available measuring instruments to prove that effectiveness. (Tropp, 1974:142)

While it is possible to use such an example to excuse any program and/or the performance of any worker, Tropp's explanation reminds us of the complexity of the problem of accountability. Reasonableness, then, seems to be a significant dimension in exacting accountable performance from a person. Eradication of poverty in a decade does not seem reasonable particularly when the government was not willing to change fundamental social structures. Given that most of the public social services exist within the context of politics, reasonableness may not always reign, or at least will be subject to the whim of the party in power. However, it must be remembered by the designers of social programs, that reasonable expectations can result in positive outcome, and may mean the continuation of a program. (The longevity of social programs is often determined by political forces. While this fact is recognized, the present discussion of accountability

cannot presume to predict the mercurial nature of political "logic". Designers of social programs and providers of human services must be continually aware of the biases of the present political leaders, for these people are frequently the funders. It is of primary interest to those who seek to meet the needs of clients to seek changes in the political process so that desired programs can survive.)

While grandiose claims may entice supporters at the outset, they quickly lose impetus in their unrealistic expectations. It is the responsibility of the service provider, to have clear written statements about what can be expected, and in what ways such services are to be provided. Such statements, however, do not preclude that some users of services may still expect/demand something else. However, the social work practitioner is not to be held accountable for these mis-expectations. This is not to imply that programs/services are to ignore client expectations and, as a result, develop a pattern of being unresponsive to consumer demands. By making direct statements about what can be expected from specific services, social programs do not mislead clients, and do not behave as if they can be all things to all persons at all times. In providing what is possible to consumers at a given time, it is well for service providers to continually elicit feedback from clients in a constant effort to better match client expectations with services provided.

Needs assessments and client satisfaction surveys provide such information.

As one of the elements of accountability, what is effectiveness? Effectiveness refers to achieving to a reasonable and predetermined degree the performance objectives of a program and/or service. It "can be related only to the tasks contracted for." (Tropp, 1974:141)

In determining a level of effectiveness relative to specifically contracted tasks, again a reasonable degree of effectiveness seems appropriate. Reasonable can be operationalized within the context of the particular service and task. Particularly relevant to effectiveness in casework, Newman and Turem (1974) stated the following:

A sound system of accountability goes beyond honesty and is based on results. The techniques oriented to relationships and processes, which are the heart of the social work profession, are the most "soft" and most in need of being put in proper perspective. If credible professional accountability is to occur, casework and group work must be viewed as inputs that may or may not reduce the incidence of definable social problems, and the profession must develop a new orientation based on outputs that can be measured objectively. (Newman and Turem, 1974:12)

According to this analysis, we must not avoid the terms "operationalize", "objective measurement", and "statistical controls" in discussing human services, specifically casework. As we become more responsible about what it is that we can provide, and measure, we might also be more willing to realistically admit what it is that we can and cannot do. In clarifying the inputs appropriate to specific

services, we can then determine what outputs will account for successful results. Social workers are not the twentieth century wizards and saints. We do believe in human potential and in the provision of services that facilitate one another's growth. Such growth can be operationalized, even if we do not know everything about human learning and change. Responsible evaluation will enable us to have a clearer vision of the direction in which alternatives for effective work lie.

Accountability, then, emerges as a multi-dimensional issue. For the social worker to be responsive to public, agency, and service user, he/she must begin to appreciate the many elements of professional accountability. A willingness to delineate those elements--identification of the problem, setting service goals and objectives, designing cost effective programs, evaluating results appropriate to these--will significantly enhance future research. We can thus avoid attempts to measure outputs which are inappropriate to the inputs.

Client Satisfaction and Perception: An Input

The client's perspective has become increasingly more important in assessing agency accountability.

(Giordano, 1977) The inclusion of client perception is not the major or only element of program evaluation. Most writers do, however, acknowledge the positive value of client input in assessing any social program from community action programs to community mental health services to psychotherapy.

Margolis, Sorensen, and Galano (1977) offer possible reasons for the controversy involving the use of self-report measures (client satisfaction/perception of change) as an element in evaluation.

Briefly, those against client satisfaction measures state: (1) Positive transference could lead to reports of success; resistance, to dissatisfaction. (2) Asking people to evaluate their service places an artificial demand on them that otherwise would be absent; such demand creates an unreal assessment. (3) The theory of cognitive dissonance (Festinger and Carlsmith, 1959) suggests that clients would tend to evaluate positively any experience into which they had invested time and resources. (4) Self-report does not offer hard data, and is thus considered unscientific.

Those who support the use of client satisfaction as a source of data state the following reasons: (1) The

shift from psychoanalytic theory to other modalities implies the inherent responsibility of the client to be self-determining; thus, agencies seem to be more willing to acknowledge the client's ability to assess both change and the impact of services for him/herself. (This idea is also supported by Mosak, 1979; Bandler and Grinder, 1979; and Maglin, 1978.) (2) The legal precedent of recent legislation (e.g. Community Mental Health Centers Amendments of 1975-PL94-63) mandates that consumers be consulted about services received, and about desired services. (3) More researchers have concluded that client perceptions are an important part of evaluating the whole psychotherapeutic, social services milieu. (Margolis, Sorensen, and Galano, 1977:12-13) Further, these writers attested that:

Consumer satisfaction instruments can be useful to those who deliver mental health services. ... (They) can facilitate the professional growth of therapists by providing information about the client's view of the therapy, the therapist, and the client-therapist relationship. ... (They) may be beneficial in creating mental health delivery systems that respond to the needs of relatively neglected client groups. (Margolis, Sorensen, and Galano, 1977:14)

While these authors caution that the results of consumer satisfaction measures are not to be interpreted as an indication of program and/or intervention effectiveness, they conclude that client satisfaction "seems to be well worth the effort and soon may become standard operating procedure in mental health delivery services." (Margolis,

Sorensen, and Galano, 1977:15) It is the contention of this author, then, that client satisfaction surveys, seem most appropriately used on the input side of program evaluation, e.g. for program planning, rather than as part of the evaluation of outputs.

Further support for the use of client perception related to the concept of accountability discussed earlier came from George Hoshino (1973). While citing the same caution as Margolis, et al. pertaining to client satisfaction and effectiveness, Hoshino encouraged the use of client satisfaction measures, "expressed in terms of satisfaction or dissatisfaction, or helpfulness and unhelpfulness," as a part of program evaluation, and "essential" for purposes of accountability. (Hoshino, 1973:378)

Balch, et al. (1977) also used client satisfaction measures to evaluate services at a community mental health center. They chose to compare levels of satisfaction with demographic variables. Type of discharge was the variable that most significantly related to client satisfaction. Mutual therapist-client decision for termination/discharge correlated positively with satisfaction of therapy, and these clients reported that "they were more able to cope with current problems." (Balch, et al., 1977:246-247)

These authors suggest:

Since type of discharge is the only variable consistently related to positive consumer evaluations, it is important that future research identify client and treatment variables which differentiate clients likely to reach mutual termination from

those who unilaterally "drop out" of treatment. Given the somewhat paradoxical findings that most clients both positively evaluate services and unilaterally terminate treatment, future research should be sensitive to the possibility that clients' actions in leaving treatment are at least as valid indicators of satisfaction as are their verbal responses to telephone interviews. (Balch, et al., 1977:247)

While the response rate of this study was low (40%), the results do offer input into the question of the value of client satisfaction measures. The consistent significant correlation between satisfaction and type of termination could be a predictor early in therapy given both counselor and client perception of therapist-client relationship. It may be possible within an agency setting to procure an early indication of client and counselor perceptions of this relationship, both for purposes of the therapeutic process and for purposes of predicting termination. This, then, is the use of client satisfaction/perception measures as a function of the therapeutic process itself.

Justice and McBee (1978) discuss the importance of assessing client satisfaction, distinguishing persons presently using services from former clients. The researchers admit the possibility that present clients may operate under the fear that expressing dissatisfaction could jeopardize their present service; such a variable could skew the results. Finally, the researchers state this caution about what they learned from the research relative to program changes:

Although investigations of client satisfaction are necessary, it should not be expected that they will provide critical information for evaluation of services. They can, however, help pinpoint areas where the most client dissatisfaction exists. In the Houston study greatest dissatisfaction was expressed by former clients toward the operating hours of units in the agency. (Justice and McBee, 1978:252)

As with other supporters of client satisfaction measures, Justice and McBee stated that the results of such measures do not prove effectiveness, an area which should be researched separately. Satisfaction surveys can show whether or not agency services are attractive to the client. This information, coupled with outcome studies of measurable objectives, is part of an agency's total accountability package. The research by Justice and McBee shows again that client satisfaction is a function of accountability as an input, rather than effectiveness studies which are a function of outputs.

Other studies have correlated the perceptions of workers, clients, and independent judges of the services/interventions received by the client. These results provide additional information to the use of client satisfaction measures as an element in program evaluation. Maluccio (1979), comparing the perceptions of social workers and clients, found discrepancy in satisfaction as reported by these two sources. While both agreed that clients had benefited from the therapeutic experience, they disagreed about their level of satisfaction concerning

the outcomes. The authors suggest that these differences may be due to the frame of reference of the two sources relative to the therapeutic experience. "Workers ascribed more significance to the client-worker relationship, whereas clients stressed the role of life experiences and resources in their social networks. In addition, clients more than practitioners indicated that the agency environment influenced the course and outcome of the service in positive as well as negative ways." (Maluccio, 1979:400) Maluccio also suggested that cognitive dissonance may explain higher satisfaction scores for the clients--that is, because clients invested time, money and emotional energy in the therapeutic process, they were more likely to express satisfaction whether or not there had been any measurable improvement in behaviors or problem-solving ability.

Similarly, Edwards, Yarvis, Mueller, and Langsley (1978), in a study of two community mental health centers in California, commented on the correlation of patient satisfaction with success. They state:

The data indicate that patients generally produce positive ratings of satisfaction regardless of the time point assessed. There are significant but low correlations between satisfaction and success. That demonstrates the point that satisfaction ratings cannot replace success or other outcome ratings, but they may provide a different sort of information about the service delivery system. (Edwards, et al., 1978:190)

Several authors (Giordano, 1977; Prager and Tanaka, 1980) suggested that for evaluations of client perception

to accurately reflect the perceptions of the client, clients ought to be involved in the creation of the measure/questionnaire. This applies not only to consumers of community action programs, but also to the client population served by the community mental health centers, and private social service agencies.

Prager and Tanaka (1980) observed that clients disagreed with the ways in which workers operationalized the goals/priorities of treatment.

The client-reviewers felt that the standards and definitions which social workers and researchers had built into the system to measure social adjustment, social rehabilitation, and mental health carried the bias of the labeler judging the labeled. (Prager and Tanaka, 1980:33)

The idea of including clients in the development of evaluation measures has merit. It is the opinion of this researcher, however, that much evaluation research is conducted in abbreviated time frames (two to six weeks) and precludes the model described by Prager and Tanaka.

Giordano (1977) reiterated that client satisfaction is not to be used as the measure of effectiveness (i.e., success or failure of the intervention). What then can we hope to learn from seeking client perception of service and improvement? She suggested two possibilities: First, "using the client's own opinions about quality of service broadens the range of indexes that attempt to quantify 'agency effectiveness'. Second, using the client's perspective has advantages in comparison with another traditional

approach--asking agency personnel to assess their own effectiveness." (Giordano, 1978:35)

Giordano's suggestions differentiate between effectiveness in the client's own environment, and effectiveness in the agency itself. This appears to be an important distinction in light of Maluccio's (1979) study and the difference in satisfaction reported by clients and workers. Determining with greater specificity the expectations and frame of reference of each (professional, client, and also independent judge) will enable agencies and therapists to glean more precise information concerning the variables of the therapeutic change process. While not functioning as the actual measure of agency effectiveness, client satisfaction data supplies information from which agencies may better and more accurately design effectiveness measures.

A further study assessing global-rating of change via a self-report instrument (Garfield, Prager, and Bergin, 1971) attempted to correlate the ratings given by therapists, clients, and independent judges. Garfield, et al. found higher correlation in the ratings of clients and the ratings of independent judges, than of any of the other possible dyads. Again, these researchers referred to the theory of cognitive dissonance as one of the variables influencing the responses of all three groups, as all are somehow involved in the therapeutic process. (The independent

judges were supervisors.) They also pointed out that each of the judgments were given at different points in time. A critique of this study by Fiske (1971) suggested that a major flaw in the study is the use of raw change scores, presumably because of the different outcome measures that were used. (Garfield, et al. used six measures, client rating of change, therapist rating of change, supervisor rating of change, MMPI mean scale elevation, Q Disturbance scale, and Tape-Rated Pathology Scale Change.) While Fiske commended the use of several scales in the outcome evaluation, he stated that appropriate correlation cannot be used from raw scores of such different measures. In general, the global ratings showed higher improvement than did the other measures.

An additional critique is offered by Luborsky (1971) who questioned Garfield, et al.'s objection of the global rating. (Garfield, et al. suggested that such ratings are probably biased by raters' involvement in the process.) Luborsky, on the other hand, while allowing for all of the precautions concerning the global rating scale, stated the following reasons for continuing to use global improvement ratings:

- (a) The patient and therapist can reflect in their improvement ratings the specific areas needing change in ways that other measures cannot. Furthermore, the improvement rating permits a much needed value judgment to be assigned to the change in the patient, no matter how large or small the change is numerically. (Mintz, 1972; in press at time of Luborsky's article)
- (b) Many criterion measures are broad spectrum or nonspecific, even though the

patient's gains may be specific. (c) Some measures may be intrinsically insensitive. (d) For many patients in the sample, the amount of change of any kind may have been small and unreliably measured, thus limiting the possible size of the inter-correlations of measures. (Luborsky, 1971:317)

Even though the change ratings of patient, therapist, and observer were not statistically significant, they need not be totally discounted. Non-significant findings fail in rejecting the null hypothesis. There are many reasons for this. The "real" differences may be small, or the sample may be too small to detect the difference.

Finally, a re-analysis of the Garfield, et al. study by Leve (1974) supported the value of all perceptions. Leve concluded that therapists', supervisors', and clients' ratings show "substantial agreement". (Leve, 1974:293) This interpretation supports the value of seeking the client's perception of his/her own change.

In their study of clients' perception with that of independent judges, Horenstein, Houston, and Holms (1973) showed that the clients' evaluation of improvement were in agreement with those of the independent judges. They suggested that this fact supports the client's perceptions of the therapeutic experience, and such perceptions need to be more systematically sought. From their point of view, the client's perspective is a valuable part of evaluation. In addition, each of these studies which show some agreement and/or consistency of client's

perceptions with those of independent judges and/or counselor suggest that there is indeed a need to continue to seek client input in the evaluation process.

LaCrosse (1977) found similar correlation between clients and observers as did Horenstein, et al. From his research, LaCrosse suggested that some type of consistent method of providing feedback of clients to counselors would be valuable, especially as such information would be instructive to the therapeutic process. This would also seem to be an important part of counselor training especially since several studies seem to have witnessed to the high agreement between client and observer, and not between client and counselor. LaCrosse also commented on the fact that clients rated counselors highest (of the three groups) on all the variables relating to counselor behavior (the variables being expertness, attractiveness, trustworthiness, empathetic understanding, congruence, level of regard, and unconditionality of regard):

The magnitude of client ratings can be explained in part by a cognitive dissonance model, that is, it is difficult to deprecate a source of help especially when one is in a personal crisis.
(LaCrosse, 1977:469)

A recent analysis (Scheirer, 1978) of the role of participants' perceptions in program evaluation revealed several issues related to psychological conflict of interest bearing upon the results. Scheirer proposed the following observation:

Participants like social programs, evaluate them favorably, and think they are beneficial, irrespective of whether measureable behavior changes take place toward stated program goals. (Scheirer, 1978:55)

In defining participants, Scheirer included both clients and staff. In contrast to the literature cited earlier that supported and encouraged the use of subjective measures, Scheirer argued for measures that would objectively measure change toward stated goals. Referring to a review of evaluation research done by Gordon and Morse (1975), Scheirer stated:

...evaluators who were organizationally affiliated with the program being evaluated were much more likely to report program success (58%) than were non-affiliated researchers (14%). Thus, researchers who are participants appear to be susceptible to the proposition's prediction. (Scheirer, 1978:57)

Scheirer attributed the incongruence of participant perception and program results to several things. First, if participants initially had positive perceptions about the program, they would frequently generalize such perceptions to the entire experience, even if goals were not met. (That is, the results of the program did not correspond with initial good feelings, and thoughts.) In addition, such a tendency toward perceptual bias would lead participants to emphasize the number of successful cases (results) and ignore an equal number of unsuccessful ones. Second, inherent in the process of implementing a social program (and doing therapy) were rewards for both staff and clients.

Such rewards were often in the form of working closely with other persons and the good feelings which result from that. Material rewards (e.g. additional money from grants) were also connected to the implementation of social programs. And third, referring to the theory of cognitive dissonance (Festinger and Carlsmith, 1959), Scheirer stated:

Program staff and planners have investments of time, skills, and professional reputations which must be validated by perceiving positive outcomes for the program. Following from a cognitive consistency theoretical framework, a recent 'decision maker's' commitment of resources to a course of action was increased, not decreased, when the consequences of the initial action were negative. ...If self-justification processes occur, to maintain either a social position or cognitive consistency, they are likely to induce positive evaluations from the participants--both staff members and beneficiaries--who are involved in and committed to the continuation of the program. (Scheirer, 1978:60)

Scheirer further discussed situations in which the proposition would not apply. However, even with these exceptions, she stressed that subjective measures (client perception/satisfaction) are inappropriate as primary indicators of program effectiveness (i.e., success/failure of interventions.) Such a conclusion would correspond with earlier studies (Margolis, et al., 1977; Justice and McBee, 1978; Edwards, et al., 1978) which used client satisfaction measures with the caution that such indications of satisfaction were not to be construed as effectiveness. Instead, researchers would be more accurate to use client satisfaction and perception studies as part of the evaluation

of process, not outcome (as outcome is in the area of effectiveness studies.)

While not totally discounting the value of such qualitative measures, Scheirer stated that they are "likely to be useful for examining the degree of program implementation or for exploring processes underlying a successful program." (Scheirer, 1978:65)

Kolevzon (1977), in assessing the implications for social work of the negative results (e.g. ineffectiveness of casework) found by Fischer (1973) stressed the importance of directly involving the social work practitioner in research. This idea seems to directly contrast with the findings of Scheirer. Kolevzon, however, was not referring to the use of subjective measures. He was, rather, suggesting that the social work practitioner be directly involved in the planning and implementation of methodologically sound research, specific to social work research. He discussed the use of post hoc statistical controls, matching subjects, and contrast groups (each group compared receiving a different treatment/intervention distinguished from a group receiving no treatment--a control group) as alternative methods to the classical experimental design model. Kolevzon implied in his article that as the social work practitioner becomes more directly involved in doing research on his/her own program/practice, the relationship between research and actual practice will

become closer. Such a closer connection would enhance both the results of research, making it more practice-related, and of practice, specifying areas of effectiveness and increasing the practitioner's use of research results in practice.

Goldman (1976) offered similar observations for research relative to counseling. He suggested that the trend toward emphasizing field rather than experimental laboratory research would be an asset to counseling research. He cautioned that neither experimental nor applied research should be viewed as mutually exclusive; rather each should provide the practitioner with data for the improvement of practice. Specifically, Goldman suggested that it is time to anticipate the use of research by practitioners, and therefore to concentrate on procedures and subjects that will be explicitly valuable for practice.

Summary

It would seem then, that those authors who find value in the use of client satisfaction measures do so with advisability. Clearly, they caution against inferring effectiveness from client reports of high levels of satisfaction with service. It has been suggested, however, that client input/satisfaction/perception of change are significantly correlated with judgments (about client

change) of independent observers, and as such should be considered as one part of an agency's evaluation of its accountability to the public and consumer.

CHAPTER II

NATIONAL FAMILY SERVICE ASSOCIATION STUDY AND QUESTIONNAIRE

Hollis (1976) in her analysis of evaluation research and comparison of methodologies used to study treatment/intervention effectiveness, described in detail two major reports that reported favorable results. Of particular interest here are her comments relative to Progress on Family Problems by Dorothy Fahs Beck and Mary Ann Jones (1973). The Beck and Jones national study of Family Service Agencies was conducted via a follow-up questionnaire to terminated clients. The questionnaires were administered by interview or through the mail. Data from the questionnaire consisted of client satisfaction, client perception of improvement, and computation of change score for each case based on four of twenty-one questions. For the final report, workers were also asked to evaluate helpfulness of service, and outcome of intervention. Hollis suggested that the change score procedure is very valuable from a methodological standpoint. She stated:

When one measures change not only in specific problem solving but in these additional aspects in which family casework is claimed to be helpful one finds an exceedingly high proportion of respondents reporting some degree of improvement. (Hollis, 1976:211-212)

This finding of some degree of improvement reported by many respondents is important in light of later comments by Hollis relative to experimental and control groups. Hollis stated that it is important to keep in mind that even if differences in results between experimental and control groups is not statistically significant, this fact does not mean that treatment is necessarily ineffective. Flaws in research design, in instruments and in size of sample must be carefully examined when attempting to discuss effectiveness of treatment. Hollis asserted:

Almost all studies note at least some improvement of the treatment group over the control group in one or more areas, though, to our repeated disappointment, a number of major studies, despite some positive movement, have failed to establish improvement to a statistically significant degree. (Hollis, 1976:212)

Hollis further questioned the validity of generalizing the results of a study to casework as a whole. In making this point, Hollis recognized the many facets of casework, and implied that we must specify what is meant by casework in each situation. We must be particularly concerned about those studies that evaluate work with groups unmotivated toward a particular treatment/intervention (e.g. prisoners, delinquents, and multi-problem families). It is thought that casework was developed as a method of working with motivated individuals/groups, and most studies of counseling and casework with such persons indicated a significant degree of improvement. Hollis asked:

Is it not completely unwarranted to apply to the casework method as a whole evidence that comes primarily from studies of work with predelinquents, delinquents, multi-problem families, and other poorly motivated groups? Writers who do this are usually also among those who ignore or downgrade evidence that comes from research from a design different from the particular type which they themselves espouse. Predominantly they value only research which makes use of a control or comparison group design and ignores findings that do not meet type I criteria of statistical significance. By so doing they fail to take into consideration a large body of research which cumulatively points in the direction of favorable results. At the same time, unfortunately, they tend to ignore other equally important standards of scientific inquiry which often are not adhered to in the studies they consider acceptable. (Hollis, 1976:213-214)

Hollis appeared to be saying that in an effort to prove the effectiveness of casework, and not to claim success where it does not exist, we have almost reached the other extreme, demanding rigid standards in order to be perfectly accurate. There is presently evidence to the contrary (Geismar, 1972; Beck, 1975) which supports the use of cumulative results of small studies. The positive results of such small studies are not always statistically significant due to the very small size of the sample. Hollis observed that it is possible to compare these studies with control or contrast groups in order to determine the rate of improvement in each, and the extent that improvement can be attributed to a specific intervention. Hollis believed that the Beck and Jones research is a valuable contribution to program evaluation, and provides an excellent example

"of discriminating research, well related to the nuances of the questions to be examined." (Hollis, 1976:221)

Beck and Jones discussed their research (1973) in Social Casework (1974). A strong positive result was obtained from this study. They stated that a "strong upward bias" was present in the follow-up sample, and that even when this bias was corrected, the positive result was still evident. (Beck and Jones, 1974:595) They also controlled for other external factors, including normal recovery process. Because of these statistical controls and corrections, they concluded that "the improvement reflected the results of agency service." (Beck and Jones, 1974:595) Again, they emphasized that this method of follow-up allowed for a more discriminating analysis of the small changes that occur in the casework/therapeutic process.

A critique of the Beck and Jones study was offered by Schuerman (1975). Schuerman commented on the findings of the Beck and Jones study relative to the "controversy regarding the effectiveness of social casework psychotherapy." (Schuerman, 1975:363) He added that the large sample size frequently showed "small differences between groups and small correlations between variables" as significant. (Schuerman, 1975:365) While Schuerman stated that the "change score" as employed by Beck and Jones "looks quite promising" (Schuerman, 1975:366), he added that there appeared to be some serious problems in its use. He

questioned what was meant by the fact that the change score "reflects scope rather than amount of change."

(Beck and Jones, 1973:6) Also, Schuerman argued that the meaning of terms in the response scale (e.g. better, same, worse) could be interpreted differently across clients. Therefore, Schuerman believed that consistency of meaning across clients is very difficult to obtain. Finally, Schuerman seriously questioned that the results of this study could be a positive statement about agency/counseling/casework effectiveness.

Beck and Jones (1976) made a lengthy, point by point response to Schuerman's analysis. Only the items pertinent to this research study (at Family Service Agency of Lincoln, Nebraska) will be discussed here.

Relative to the statistical significance of small differences and small correlations, Beck and Jones asserted that they were not unaware of this problem. They suggested that the procedure they used correlated with the great variability in casework. They believed that their method is valuable because too frequently no difference is found as a result of not accounting for this variability. There is a need to know whatever differences exist whether or not such differences are small.

In the discussion of the change score measure, Beck and Jones stated that their use of this particular measure reflected their underlying assumption that "summation of

indicators of changes in many areas can substitute for a formal assessment of the total amount of change in all areas (because of the tendency of changes in one area or person to spread to other areas and other family members)." (Beck and Jones, 1973:184) Revisions in the change score supported their assumption with a correlation +.94 with the former type change score. The new revisions increased the sensitivity of the measure. (See Appendix A for reliability and validity test results of the FSAA change score.)

Beck and Jones suggested that the ability of clients to differ in their internal definitions of the subjects considered in the questionnaire (in other words, that there are no precise meanings for "good" and "worse") enhanced the value of their questionnaire. What they want to ascertain is client perception of change, and correlate that perception with counselor perception of change. Therefore, it seemed important to have flexibility of interpretation of change in order to be able to assess the role of client perception in evaluation.

Commenting on the effectiveness-of-casework issue, Beck and Jones stated that they determined three options, from which they chose the third:

- (1) to bypass evaluation entirely by not collecting outcome data, the solution adopted in the 1960 FSAA census, but one untenable in the climate of accountability in the 1970's,
- (2) to collect outcome data but limit the analysis to simple marginal totals and elementary crosstabulations without controls, an

approach that would have shed minimum light on practice issues and would have left the results open to gross misinterpretation, or (3) to enter the "effectiveness-of-service-fray" using available statistical controls to the maximum to relate outcomes simultaneously to client and service data, making whatever interpretations seemed consistent with the findings. (Beck and Jones, 1976:320)

Subsequent to the publication of their study, Beck and Jones stated that there has been an increased effort on the part of local agencies to obtain client feedback. They implied that their research has provided a method for agencies to pursue such an effort, and to do so with some assurance of usable data. While acknowledging the major limitations of such research, Beck and Jones asserted that they have dealt responsibly with practice research, and the problem of agency accountability with the tools available to evaluation research thus far. "In an era that combines great emphasis on evaluation and accountability with a highlighting of negative findings derived from atypical populations, we believe that all possible data resources for normal client groups should be mined, including survey data." (Beck and Jones, 1976:320)

Clearly, Beck and Jones did not suggest that theirs is the definitive method. It is one method that has added to the present methodology available to evaluation research.

Two studies reported in the literature are evaluations of Family Service Agencies based on the measure developed by Beck and Jones. Dailey and Ives (1978), and Riley (1975), used the procedures developed by National

Family Service Association Research Department. These two studies are summarized briefly here.

Dailey and Ives (1978) indicated that the motivation for their follow-up study was connected to pressure from funding sources to account (1) for effectiveness of service, and (2) for client reaction to programs. (Using the Beck and Jones measure to determine effectiveness of services seems suspect in light of the literature cautioning the use of client satisfaction/perception measures for such purposes.) Their intent was to be able to make more informed choices in program changes.

Two of the more important findings from this study concerned length of treatment and socio-economic status. Dailey and Ives found that "client improvement rises at five interviews, again at 11-20 interviews, but drops back at over 31 interviews. (Dailey and Ives, 1978:241) Thirty-eight percent (38%) of staff interview time is involved with the 31+ group. This would suggest a need to examine this particular group with more specific research, and to determine where interventions could be changed. It might also be necessary to examine this group with different measures to ascertain the results from another perspective.

Their findings relative to socio-economic status indicated that lower scores were reported by those from clients in the lower-lower status. Such results warranted special attention from the agency. Dailey and Ives suggested

the possibility of the need for better skills in working with "concrete problems, an important request from this clientele and one on which MSW staff obtained lower results than paraprofessionals . . . is an obvious area for attention and staff development." (Dailey and Ives, 1978:245)

Riley (1975) used the original questionnaire (1973) with the data obtained from a follow-up study. Riley wanted to "identify any needed modifications in service programs that might be indicated by the study findings." (Riley, 1975:243) Such a purpose corresponds to the use of client satisfaction/perception as an input in the agency accountability process.

Riley observed that the use of this method enabled a large family service agency to begin to make major changes based on some input from clients. Of major importance was the fact that the research was done in the field, not in the laboratory. This, stated Riley, made the measure worth using, even with an awareness of its limitations. Riley made eleven specific recommendations from this study, all related to findings from the follow-up.

Findings relative to experience of the worker were noteworthy. "Counselors with more than five years' experience did no better than those with less than two years' experience and did less well than those with two to five years' experience regarding the degree to which predicted scores were attained." (Riley, 1975:246-247)

There were 86% of the respondents reporting satisfaction with service, 89% would return for future service if needed, and 86% were satisfied with their relationship with their respective counselors. These results were similar to the national findings. (Riley, 1975:247)

Summary

From this review of the literature, it is apparent that there is room for controversy when discussing issues of accountability, effectiveness, and client satisfaction/perception surveys. While there seems to be a relationship among these areas of evaluative research, the connections are often vague. It has become increasingly evident, for example, that while a program may be appropriately budgeted and cost effective, the program may not be effective when measured for the accomplishment of observable goals at a certain level of statistical significance. This fact has been difficult to address, especially since evaluative researchers initially believed that social services could be researched with the same methods used in experimental research. There presently seems to be a greater willingness to accept the complexity of evaluating, and accounting for, social service programs. Coupled with this acceptance has been the acknowledgement of what is valuable in present methodology, and the confrontation of

that which needs further development. Fortunately, there are voices which caution against either/or extremes.

It would seem, then, that one way to perceive the relationship between accountability and effectiveness is to define accountability as the overall evaluative process of an agency, with effectiveness as one part of that evaluation at the outcomes end. With accountability as the overall conceptual framework for program evaluation, client satisfaction/perception surveys are at the other end as an input for program planning and development. Using client satisfaction surveys in this manner, it is possible to incorporate both the value and the caution about such surveys as was set forth in the literature. Recognizing that the data from client satisfaction surveys is "soft" not "hard", it is then possible to cease attempts to use it as proof of effectiveness.

This stance does not support the use of the Beck and Jones survey as an "effectiveness of service" measure. At present, the literature does not provide enough evidence to warrant the use of the measure in such a manner. In addition, the design of the study at Family Service Agency of Lincoln, Nebraska is specifically directed toward the provision of information for program planning, the input side of program evaluation. Since the Beck and Jones questionnaire (1976) is primarily a client satisfaction survey, it was not used to measure the effectiveness (success/failure) of counseling service.

CHAPTER III

RESEARCH DESIGN, RESEARCH QUESTIONS, SAMPLING, AND RETURN RATE

The design chosen for this research was a quantitative descriptive study. (Tripodi, Fellin, and Meyer, 1979:38) A survey procedure was used. This particular method was chosen to fit with the on-going evaluation instituted by Family Service Agency of Lincoln in 1977. At that time a five-month study was conducted using the short form of a questionnaire developed by Helen Fahs Beck and Mary Ann Jones (1973). The results were tabulated and reported to the Board of Directors of Family Service Agency of Lincoln. The results were also used as a general evaluation of the Family Service Agency Counseling Center. The response was predominantly positive. Coordinated with supervisory evaluation of casework, agency administrators used the previous study as a way to broadly assess counseling service.

Since program and research recommendations were of primary importance for the 1979 study, it was decided to use the long form of the Beck National Family Service Association Study. The long form afforded a more discriminating analysis of type of problem and perceived change. (Beck

and Jones, 1974) In addition, the revised long form of the National Family Service Association questionnaire (Beck and Jones, 1976) Supplied a valid and reliable measure of the problems and questions that Family Service Agency of Lincoln desired to study. (See Appendix A for results of reliability and validity tests.)

While there were differences in the duration of these studies (the 1977-78 Study, and the 1979 Study, both at Family Service Agency in Lincoln), the longer 1979 Study replicated the type (survey) and some of the questions of the 1977-78 Study. This replication provided a time-series approach to the research, and anticipated the on-going nature of evaluation at Family Service Agency of Lincoln.

The quantitative descriptive survey design corresponded to the purpose of this research: To obtain data from clients which would become part of a total agency evaluation. This data became one of the many inputs by which the agency could evaluate its accountability process.

Research Questions

Since the 1977-78 Study, Family Service Agency had determined several specific areas of interest which they desired to study. These were formulated into the following questions:

1. What is the clients' general level of satisfaction with services provided by this agency? How does the present response compare with the response of the 1977-78 Study?
2. Is there a relationship between client characteristics and client satisfaction with service?
3. Is there a relationship between service characteristics and client satisfaction with service?
4. Is there a relationship between the level of client self-reported change and the client level of satisfaction with service?
5. Is there a relationship between client perception of service and counselor perception of service?
6. Is there a relationship between mail and telephone respondents?
7. Is there a relationship between change scores as reported by clients from Family Service Agency of Lincoln, Nebraska, and a comparison group drawn by the Research Department of Family Service Association?
8. What program and research recommendations can be made from the data generated by this study?

Sampling

Data gathering was achieved via the survey method, using the Beck and Jones questionnaire of client satisfaction and perception of services. (1976) The study was formulated in January, 1979. Questionnaires were mailed to all clients who began and terminated counseling service during 1979. (Adoption cases were not included in the study because counseling service was not considered the primary focus of service, and frequently did not occur. While it is accurate that no-fault divorce cases did not usually involve more than one session, no-fault procedures theoretically assume

counseling as part of the legal process. No-fault one-session clients were therefore included. The distinction, then, between adoption and no-fault was the theoretical primary intention of service.)

Ideally, all clients were informed of the research during his/her initial session with the counselor, and/or via an information sheet at the reception desk. Clients could also decline to participate in the study. It was more likely, however, that these reminders were sporadic, and that the information sheet was overlooked. In addition, since this particular design was not confirmed until mid-February, clients who initiated service during the first six to seven weeks of 1979 were clearly not informed at the outset of counseling.

The first mailing, in March 1979, included all 1979 clients who initiated service since January, 1979, and terminated in January and February. A second reminder letter followed within 10 days to two weeks of the first mailing. Successive monthly mailings were sent, each time including the initial questionnaire and the follow-up reminder letter.

A block randomization of non-respondents was implemented for telephone calls. The rationale here was that contacting 20% of the non-respondents would (1) increase the response rate to 33%, (2) provide data from non-respondents for comparison to respondents, and (3) increase

the number of completed questionnaires to 100 in order to use the National Family Service Association Research comparison procedures.

The block randomization procedure consisted of the following stages:

1. Listing in consecutive order the code numbers of non-respondents from a specific monthly mailing.
2. Determining the number to be selected by computing 20% of the total population for that month.
3. Using non-replacement randomization, drawing out the appropriate numbers. A person in the agency, other than the researcher, did the drawing.

The telephoning was intended to be conducted on a monthly basis, no sooner than two weeks after the second mailing. Such rigor was not fulfilled. Researcher burn-out, relative to telephone interviews, most likely accounted for the variation in the telephoning procedure. Telephone interviews, then, were conducted during three different time periods--May-June 1979, September-October 1979, and January-February 1980. Given this change from the original design (monthly calls), it is likely that some respondents had moved and could not be interviewed. In addition, the time differential from termination to telephone interview was greater for some clients than others. Whether or not this difference is significant is not known.

Return Rate

The following are the return rates for the survey as conducted throughout the year 1979 for Family Service Agency of Lincoln, Nebraska.

Questionnaires Mailed	386
Returned - Wrong/No Address	34
Population (386-34)	352
Returned - Completed Questionnaires	126
Telephone - Randomization of Non-Respondents of Mailings	76
Completed Telephone Interviews	
Telephone Contacts:	
Requested to Mail - Returned	15
(included in Mail)	
Requested to Mail - Not Returned	11
No Answer/No Number/Moved	20
Refused to Answer Questionnaire	6
Combined Mail and Telephone Responses	150
Total Non-Respondents	202
Unusable Responses (Mail and Telephone because of incomplete change score computations	20
Usable Mail Responses	108
Usable Telephone Responses	22
Return Rate:	
Total Responses (150/352)	43%
Total Usable Responses (130/352)	37%
Mail Responses (126/352)	36%
Telephone Responses (24/76)	32%

These return rates are below those for surveys that do not include some telephoning of the total population or some sort of monetary incentive for the respondent.

(Heberlin and Baumgarten, 1978:450) These procedures were not selected because of the expense of money and time needed to use them. The 37% response (total usable response) is considered low for this type of study. Another shorter study could increase the response rate by telephone reminders.

A comparison of respondents and non-respondents was made on six variables--family type, marital status, family size, primary client, age of primary client, and race of primary client. (Socioeconomic Status, SES, was not included as a demographic variable because only salary and sometimes occupation, were available from agency files. Education level of clients was not. It was decided, therefore, that the SES would be inaccurate.)

On family type (Table 3.1), respondents and non-respondents were significantly different ($p < .001$). Also on marital status (Table 3.2), respondents and non-respondents were significantly different ($p < .05$). On the other four variables--family size (Table 3.3), primary client (Table 3.4), age of primary client (Table 3.5), and race of primary client (Table 3.6)--the differences were not significant.

Insert Tables 3.1 - 3.6 here

TABLE 3.1

COMPARISON OF RESPONDENTS AND NON-RESPONDENTS: FAMILY TYPE

Category	Husband/ Wife	Family Type						Total					
		n	%	Male Head	n	%	Female Head		n	%	Female Alone	n	%
Respondents ¹	98	75.4	1	0.8	13	10.0	14	10.8	4	3.1	130	100.0	
Non- Respondents	103	50.9	2	1.0	48	23.7	33	16.3	16	7.9	202	100.0	
Total	201		3		61		47		20		332		

$\chi^2 = 21.03$ with 4 degrees of freedom

Significant at .1% level

¹ Respondents in this, and the following comparisons, includes only those respondents whose questionnaires were usable based on change score computations.

TABLE 3.2

COMPARISON OF RESPONDENTS AND NON-RESPONDENTS: MARITAL STATUS

Marital Status

Category	Married		Unmarried		Separated		Divorced		Widowed		Never Married		Total	
	n	%	n	%	n	%	n	%	n	%	n	%		
Respondents	61	46.9	3	2.3	43	33.1	9	6.9	1	0.8	13	10.8	130	100.0
Non-Respondents	80	38.6	10	4.9	47	23.2	25	12.3	1	0.4	39	19.3	202	100.0
Total	141		13		90		34		2		52		332	

$\chi^2 = 11.91$ with 5 degrees of freedom

Significant at 5% level

TABLE 3.3
COMPARISON OF RESPONDENTS AND NON-RESPONDENTS: FAMILY SIZE

Category	Family Size										Total			
	One	Two	Three	Four	Five	Six and Over	Total	n	%	n		%		
Respondents	25	34	30	25	12	4	130	19.2	26.2	23.1	19.2	9.2	3.1	100.0
Non-Respondents	39	54	48	37	16	8	202	19.3	26.7	23.7	18.3	7.9	3.9	100.0
Total	64	88	78	62	28	13	332							

$\chi^2 = 0.383$ with 5 degrees of freedom

Not significant at 5% level

TABLE 3.4

COMPARISON OF RESPONDENTS AND NON-RESPONDENTS: PRIMARY CLIENT

Category	Husband/Father		Wife/Mother		Other Male		Other Female		Total
	n	%	n	%	n	%	n	%	
Respondents	41	31.5	71	54.6	3	2.3	15	11.5	130
Non-Respondents	49	24.2	110	54.4	10	4.9	33	16.3	202
Total	90		181		13		48		332

$\chi^2 = 4.19$ with 3 degrees of freedom

Not significant at 5% level

TABLE 3.5
COMPARISON OF RESPONDENTS AND NON-RESPONDENTS: AGE OF PRIMARY CLIENT

Category	Age of Primary Client						Total	
	Under 21		21 - 64		64+			
	n	%	n	%	n	%		
Respondents	18	13.8	111	85.4	1	0.8	130	100.0
Non-Respondents	31	15.3	171	84.6	0	0.0	202	100.0
Total	49		282		1		332	

$\chi^2 = 1.66$ with 2 degrees of freedom

Not significant at 5% level

TABLE 3.6

COMPARISON OF RESPONDENTS AND NON-RESPONDENTS: RACE OF PRIMARY CLIENT

Category	Race of Primary Client										Total	
	White		Black		Native American		Asian or Pacific Is.		Other			
	n	%	n	%	n	%	n	%	n	%		
Respondents	122	93.8	5	3.8	1	0.8	0	0.0	2	1.5	130	100.0
Non-Respondents	195	96.5	1	0.4	3	1.4	1	0.4	2	0.9	202	100.0
Total	317		6		4		1		4		332	

$\chi^2 = 7.54$ with 4 degrees of freedom

Not significant at 5% level

Researcher error is more likely on family type and marital status because these variables demanded interpretation by the researcher of the data in the agency files. It was sometimes difficult to determine into which category a family belonged. It is not likely that the influence of researcher error was sufficient to alter the result of the significant difference found on family type. It might be possible to alter the significance of marital status; chi square was not a large number on this comparison.

In summary, respondents and non-respondents showed no significant difference on four variables, and significant difference was found on family type and marital status. Since the majority of variables showed no significant differences, it was decided to combine mail and telephone respondents, and to treat the total as the sample. The procedure increased the sample size and the total return rate. Since the telephone respondents were drawn from the mail non-respondents, it was necessary to compare for differences before combining groups.

Extraneous Variables

This design does not control for most extraneous variables. It has, thus, been necessary to account for the ways that certain extraneous variables might provide alternative explanations for observed differences.

History: Client self-reported change could have occurred because of the passage of time; that is, from the beginning of counseling to termination, certain changes could have been observed because of the very movement of time (e.g. winter to summer, beginning of a school term, completing a divorce procedure, etc.) The effect of history was more likely to have occurred in long-term cases. Since there was no effort to compare the length of service with self-reports, there was no way to determine where history might be a significant extraneous variable. The fact that clients started and stopped at different times lessens the effect of history.

Maturation: Change that could be explained by the effects of the normal developmental growth process of the human person could have accounted for self-reported change, especially when there was no pre-test, or control group. Adolescent growth, changes in diet (weight loss or gain not related to counseling), a child leaving home are all processes of human maturation. These also represent changes in a system of relationships which could have accounted for the self-reported change.

Biased Selection: Since the survey included all clients who began and terminated service in 1979, selection was limited to those persons who voluntarily sought service from Family Service Agency of Lincoln. It is not likely that counselors terminated only those clients who would

respond favorably. In addition, comparisons were made of mail and telephone respondents (Research Question 5, p. 42) on three variables, client level of satisfaction with service (Table 3.7), client perception of global outcome (Table 3.8), and change score (Table 3.9).

Insert Tables 3.7 - 3.9 here

Since the telephone sample was drawn from the non-respondents, it was used as representative of non-respondents. No significant differences were found in any of these comparisons. This result would indicate the absence of bias in the sample selection.

Loss of Respondents: It was known that 34 clients who terminated in 1979 moved with no forwarding address. Such an occurrence is inevitable, and expected. Thus, it was assumed at the outset that a certain percentage of the population would move, and there was no attempt to control for this.

Experimental Internal Validity: Because of the number of extraneous variables which have not been controlled in this research, it was not possible to definitely conclude that self-reported change occurred only as a result of counseling intervention/service. No direct cause-and-effect relationship can be demonstrated because pre and post data were not obtained. Determining causation was not the purpose of this research. At the same time,

TABLE 3.7
 COMPARISON OF MAIL AND TELEPHONE RESPONSE WITH
 CLIENT LEVEL OF SATISFACTION WITH SERVICE

Response Type	Level of Satisfaction								Total			
	Very Dis- satisfied	Somewhat Dissatisfied	No Part. Feelings	Satisfied	Very Satisfied	Total	%	%				
Mail	3	2.8	11	10.4	9	8.5	51	48.1	32	30.1	106	100.0
Telephone	0	0.0	1	4.5	1	4.5	11	50.0	9	40.9	22	100.0
Total	3		12		10		62		41		128	

$\chi^2 = 2.66$ with 4 degrees of freedom

Not significant at 5% level

TABLE 3.8
 COMPARISON OF GLOBAL OUTCOME
 BY MAIL/TELEPHONE RESPONSE

Global Outcome Scale	Response Type				Total
	Mail		Telephone		
	n	%	n	%	
No Problems Discussed, No Answer	8	7.4	0	0.0	8
Much Worse	3	2.3	0	0.0	3
Somewhat Worse	4	3.7	1	4.5	5
Same	12	11.1	1	4.5	13
Better In Some Ways, But Worse In Others	10	9.3	5	22.7	15
Somewhat Better	45	41.7	6	27.3	51
Much Better	26	24.1	9	40.9	35
Total	108	100.0	22	100.0	130

$\chi^2 = 8.82$ with 6 degrees of freedom

Not significant at 5% level

TABLE 3.9
 COMPARISON OF CHANGE SCORE AND
 MAIL/TELEPHONE RESPONSE

Change Score Scale	Response Type				Total
	Mail		Telephone		
	n	%	n	%	
-20 - -15.5	0	0.0	0	0.0	0
-15 - -10.5	0	0.0	0	0.0	0
-10 - -05.5	3	2.8	0	0.0	3
-05 - -00.5	8	7.4	3	13.6	11
0	4	3.7	2	9.1	6
+01 - +05.5	14	13.0	2	9.1	16
+06 - +10.5	39	36.1	5	22.7	44
+11 - +15.5	28	25.9	6	27.3	4
+16 - +20.0	12	11.1	4	18.2	22
Total	108	100.0	22	100.0	130

$\chi^2 = 4.54$ with 6 degrees of freedom

Not significant at 5% level

this research does not discount or disprove the influence of counseling on the reported changes.

It should be noted, that even though it has been necessary to account for possible extraneous variables, the main purpose of this study was to obtain client perception of service and change. The very nature of such data has always been subjective and frequently discounted. Uncontrolled extraneous variables were the major reasons offered for such devaluing of client self-reports.

The questionnaire attempted to account for extraneous variables by the question, "Did anything not related to agency service influence the changes you have reported?" It should be recognized that the data from this question were also of a subjective nature. No objective observation, no behavioral measures were employed to "verify" these subjective responses. (Note: Verification of subjective responses via observation or behavioral testing is not meant to imply that clients' perceptions have no value. The "truth" of a client's experience stands for him/herself. Research attempts to make objective, to prove, "to operationalize" in order to learn more about change processes, in order to facilitate future growing of other human beings. The attempt, then, is not to invalidate the subjective response but to find where it "fits" in the evaluation research process--since it has been suggested that indeed client input does have a place. This research is an effort to address this issue.)

Telephone respondents were offered the opportunity to mail in the questionnaire rather than answer over the telephone. In this case, a second questionnaire was sent to these persons. Questionnaires returned from these persons were considered mail responses.

Operational Definitions

Each of the questions on the questionnaire were operationalized according to specific categories and scales. Data obtained from agency files were similarly defined. The guidelines for the operational definitions were provided by the Research Department from Family Service Association of America. These operational definitions are in detail in Appendix B.

Summary

The research design for this study was a quantitative descriptive study. This method was chosen because it replicated the type used by this agency in a 1977-78 Study conducted to obtain client feedback. The survey used was the revised long form of a questionnaire devised by Beck and Jones (1976) of the Research Department of Family Service Association. This questionnaire included questions from the form used in the 1977-78 Study (at Family Service Agency of Lincoln) and added questions for an expanded study.

The research questions were presented. Operational definitions are found in Appendix B. The sampling procedures were explained, and included a discussion of comparisons made between respondents and non-respondents. This comparison provided support for the block randomization of the telephone sample, and the subsequent combining of mail and telephone respondents to increase the total sample of the study. While respondents and non-respondents showed significant difference on two variables, no significant difference was found on four variables. In addition, in the comparison of mail respondents with telephone respondents, no significant difference was found in their responses. For these reasons, it was determined feasible to combine the mail and telephone respondents into one group as the total sample of the study.

CHAPTER IV

ANALYSIS AND DISCUSSION OF CLIENT SATISFACTION/PERCEPTION DATA

Subsequent to the collection of data from the questionnaire and agency files, the data were coded and prepared for computer analysis, using the Statistical Package for the Social Services (SPSS). This particular analysis was selected for three reasons: (1) It provided accurate totaling of all frequencies and percentages requested by the agency. (2) It computed the significance of crosstabulations of specified variables using Chi Square at the .05 level of significance. (3) It was also thought that the agency would be able to use this particular method in future research, and would benefit from having the materials on hand to do so.

The data was presented in the following manner: (1) a presentation of demographic characteristics, comparing respondents and non-respondents, and (2) a discussion of the crosstabulations pertinent to the research questions (pages 42).

Demographic Data

Who were the clients who utilized Family Service Agency of Lincoln, Nebraska, and participated in the 1979 Study? From the demographic information available in the files, it was possible to determine a client profile to accompany the responses. (These demographic data are included in Tables 3.1 through 3.6, located in Chapter III, pages 47-52.)

Relative to family type, most clients responding to this survey were from a husband/wife family. (Table 3.1) (This category included all persons still connected to that family type legally; this judgment was made, because too many arbitrary decisions would have to be made by the researcher relative to marriages that were in a state of flux. Unless the marriage contract had been legally dissolved at the time of initiation of service, that family type was considered husband/wife. Marital Status addressed the issue of what state that husband/wife family found itself.)

Some 98 respondents (75%) stated that they were from husband/wife families. (Table 3.1) Some 61 respondents (47%) were married, while 43 (33%) were separated. (Table 3.2) There was a fairly even distribution of respondents across four categories of family size: One member, 19%; two members, 26%; three members, 23%; four members, 19%. (Table 3.3) Of those initiating service,

defined as the primary client, 71 (55%) were in the category, wife/mother; 41 (32%) listed as husband/father. Of the other categories, other female had the higher frequency, 15 (12%). (Table 3.4) These figures indicate that women tend to initiate service more often than do men.

Of the respondents, primary clients were generally between the ages of 21 and 64 (85%). (Table 3.5) The next highest frequency was for under 21, with 18 (14%) falling into this category. Service to older persons was not much in evidence in this study as only 1 respondent (1%) fit this age group. It is hard to tell whether or not these figures attest to a lack of services for the older persons, or rather to the fact that this is a family agency and as such responds to the needs of persons in the family raising stage.

This particular study reflected that 122 (94%) of the primary clients were white, 5 (4%) were black, with other races evidencing even smaller or no representation. (Table 3.6) These figures are slightly larger than the figures for Lancaster County, of which Lincoln is a part. Lancaster County, as of April 1, 1970, had a Black population of 1.4%. (U.S. Bureau of the Census, 1978:307)

The non-respondents show both differences and similarities to respondents. On family type, (Table 3.1) only 51% of the non-respondents were from husband/wife families. This is a difference of 24% from respondents. In addition, 24% of the non-respondents, and only 10% of

the respondents, were from families typed female head. The Chi Square statistic show significance of these differences ($p < .001$).

On marital status, there were slightly fewer non-respondents who were married, 40%, compared to 47% of the respondents. (Table 3.2) More respondents (33%) were separated than were non-respondents (23%). Some 8% more non-respondents were never married, and some 5% more non-respondents were divorced. These differences were statistically significant ($p < .05$).

Relative to family size, non-respondents were not significantly different from respondents. In fact, almost all of the percentages were similar. (Table 3.3) Again, similarity existed between respondents and non-respondents on primary client (Table 3.4), age of primary client (Table 3.5), and on race of primary client (Table 3.6). No significant differences between respondents and non-respondents were shown on any of these variables.

Crosstabulations for Research Questions

Comparisons between responses from the 1977-78 Study and the 1979 Study on clients' general level of satisfaction with services provided by the agency (Research Question 1b) are included in Tables 4.1 through 4.4 found throughout this chapter.

As expected from the literature review, and from the previous study, clients in the 1979 Study were predominantly satisfied with the service they received at Family Service Agency of Lincoln, Nebraska. In examining the frequencies for general satisfaction with service, (Table 4.1), 41 (32%)* reported "very satisfied, and 62 persons (48%) responded "satisfied".

Insert Table 4.1 here

These combined figures for the 1979 Study are 103 respondents reporting satisfaction, and suggest the expected 80% level of satisfaction with service. In comparing with the 1977-78 Study, we find that 15 people (56%) reported being "very satisfied", and 8 persons (30%) as "satisfied". The total figure in the study was 23, or an 86% level of satisfaction.

While the differences in the totals is 6%, the difference between the two studies in the categories "satisfied," and "very satisfied" are the most interesting. In 1977-78, 30% of the respondents reported being "satisfied", while in the 1979 Study, 48% indicated this response, with a difference of 18% in the direction of the 1979 Study. For the category "very satisfied," 55% of the 1977-78 respondents made this response, as did 32% of the 1979

*For this discussion, percentages are rounded to the nearest whole number.

TABLE 4.1*

TWO STUDY COMPARISON OF CLIENT LEVEL OF SATISFACTION WITH AGENCY SERVICES

Level of Satisfaction With Service

Agency Studies	Not Satisfied		No Particular Feelings		Satisfied		Very Satisfied		Total	
	n	%	n	%	n	%	n	%		
1977-78 Study	0	0.0	4	14.8	8	29.7	15	55.5	27	100.0
1979 Study	15	11.7	10	7.8	62	48.4	41	32.1	128	100.0
Total	15		14		70		56		155	

$\chi^2 = 9.57$ with 3 degrees of freedom
Significant at 5% level

*See explanation following Table 4.2.

respondents, with a difference of 23% in the direction of the 1977-78 Study. These differences are statistically significant ($p < .05$). They indicate that in the 1977-78 Study, more persons were likely to respond "very satisfied", while the popular satisfaction response in 1979 was "satisfied."

Similarly, a study of the comparison of responses on client level of satisfaction with client-counselor relationship, (Table 4.2) some 64 (49%) of the respondents of the 1979 Study said that they were "very satisfied" with their relationship with their counselor.

Insert Table 4.2 here

An additional 48 (37%) stated that they were "satisfied." Combining these two categories results in 112 (86%) respondents satisfaction with client-counselor relationship. This compares positively with the 1977-78 Study, which found 17 (59%) "very satisfied", 6 (21%) "satisfied", for a total satisfaction level of 23 (80%).

Again, as in Table 4.1, the difference in total satisfaction is 6%. In both the 1977-78 Study, and in the 1979 Study, the response most frequently given was "very satisfied." The interesting differences seem to be that in 1977-78, 38% more persons indicated "very satisfied" instead of "satisfied"; in 1979, only 12% more marked "very satisfied" than did "satisfied". These

TABLE 4.2*

TWO STUDY COMPARISON: CLIENT LEVEL OF SATISFACTION
WITH CLIENT-COUNSELOR RELATIONSHIP

Level of Satisfaction with Relationship

Agency Studies	Not Satisfied		No Particular Feelings		Satisfied		Very Satisfied		Total	
	n	%	n	%	n	%	n	%		
1977-78 Study	0	0.0	6	20.7	6	20.7	17	58.6	29	100.0
1979 Study	12	9.3	6	4.6	48	36.9	64	49.2	130	100.0
Total	12		12		54		8		159	

$\chi^2 = 13.03$ with 3 degrees of freedom

Significant at 1% level

*For the comparisons in Tables 4.1 and 4.2, the categories of "somewhat dissatisfied" and "very dissatisfied" of the 1979 Study were collapsed into one category, "not satisfied" in order to correspond to the 1977-78 Study. Therefore, the following adjustments were made to the scale:

- 1 = Not Satisfied
- 2 = No particular feelings one way or the other
- 3 = Satisfied
- 4 = Very Satisfied

differences are statistically significant ($p < .01$). (Further discussion of these differences is found in Chapter V.)

Table 4.3 compares client perception of agency helpfulness in self-reported change between the two studies.

Insert Table 4.3 here

In 1977-78 20 persons (67%) reported being helped (combining the two categories of "helped some" and "helped a great deal"; does not include "mixed" as that carries a negative dimension.) Some 97 persons (78%) answered as being helped by the agency in the 1979 Study.

Table 4.4 reports clients perception of change.

Insert Table 4.4 here

Some 21 persons (77%) in 1977-78 stated that they were aware of change for the better (combined categories of "somewhat better" and "much better"). In 1979, 86 persons (66%) also responded in this direction of change. These figures are not statistically significant.

Finally, comparing the two studies, we find many similarities in level of satisfaction as reported by the clients. While there are some areas of discrepancy, overall clients appear to be satisfied with service in both years.

TABLE 4.3

TWO STUDY COMPARISON:
CLIENT PERCEPTION OF AGENCY HELPFULNESS IN SELF-REPORTED CHANGE

Client Perception of Helpfulness

Agency Studies	Made Things* Worse		Made No Difference		Helped Some		Helped A Great Deal		Total
	n	%	n	%	n	%	n	%	
1977-78 Study	2	6.6	8	26.7	9	30.4	11	36.3	30
1979 Study	11	8.8	17	13.6	61	48.8	36	28.8	125
Total	13		25		70		47		155

$\chi^2 = 5.05$ with 3 degrees of freedom

Not significant at 5% level

*This category includes "Mixed."

TABLE 4.4

TWO STUDY COMPARISON:
 CLIENT PERCEPTION OF GLOBAL OUTCOME
 Client Perception of Global Outcome

Agency Studies	No Problems, No Answer		Much Worse		Somewhat Worse		Unchanged*		Somewhat Better		Much Better		Total	
	n	%	n	%	n	%	n	%	n	%	n	%		
1977-78 Study	0	0.0	1	3.7	0	0.0	5	18.5	6	22.2	15	55.2	27	100.0
1979 Study	8	6.2	3	2.3	5	3.8	28	21.5	51	39.2	35	26.9	130	100.0
Total	8		4		5		33		57		50		157	

$X^2 = 9.42$ with 5 degrees of freedom

Not significant at 5% level

*This category includes "Better in some ways, but worse in others."

Comparisons of client level of satisfaction with services based on family type, marital status, and primary client (Research Question 2) are included in Tables 4.5 through 4.6.

In the husband/wife category of family type, (Table 4.5), 76 persons (59%) reported satisfaction with service.

Insert Table 4.5 here

Some 13 respondents (10%) said they were dissatisfied in some way. The other categories gave predominantly satisfactory responses. Of the dissatisfied responses, most (13 out of 15) were in the husband/wife category. However, this is not a significant difference but is an artifact of the fact that most of the respondents are from the husband/wife category.

Again, in comparing the statistically significant relationship between satisfaction with service and marital status (Table 4.6), the majority of responses were in satisfactory range of the scale.

Insert Table 4.6 here

Of those responding "very dissatisfied, somewhat dissatisfied, and no particular feelings one way or the other", most were those in the category labeled Married (15/61: 25% of this category). The next highest frequency was in

TABLE 4.5

COMPARISON OF FAMILY TYPE WITH CLIENT LEVEL OF SATISFACTION WITH SERVICE

Level of Satisfaction with Service

Family Type	Very Dissatisfied		Somewhat Dissatisfied		No Particular Feelings		Satisfied		Very Satisfied		Total	
	n	%	n	%	n	%	n	%	n	%		
Husband/Wife	3	3.1	10	10.4	7	7.3	48	50.0	28	29.2	96	100.0
Male Head	0	0.0	0	0.0	0	0.0	1	100.0	0	0.0	1	100.0
Female Head	0	0.0	0	0.0	1	7.7	3	23.1	9	69.2	13	100.0
Female Living Alone	0	0.0	1	7.1	1	7.1	9	64.3	3	21.4	14	100.0
Male Living Alone	0	0.0	1	25.0	1	25.0	1	25.0	1	25.0	4	100.0
Total	3		12		10		62		40		128	

$\chi^2 = 0.217$ with 16 degrees of freedom

Not significant at 5% level

TABLE 4.6
COMPARISON OF MARITAL STATUS WITH CLIENT LEVEL OF SATISFACTION OF SERVICE

Level of Satisfaction with Service

Marital Status	Very Dis- satisfied		Some what Dis- satisfied		No Particular Feelings		Satisfied		Very Satisfied		Total	
	n	%	n	%	n	%	n	%	n	%		
Married	1	1.6	8	13.1	6	9.8	31	50.8	15	24.6	61	100.0
Unmarried Pair	0	0.0	0	0.0	1	33.3	1	33.3	1	33.3	3	100.0
Separated	2	4.9	2	4.9	1	2.4	20	48.8	16	39.0	41	100.0
Divorced	0	0.0	0	0.0	0	0.0	4	44.4	5	55.6	9	100.0
Widowed	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	1	100.0
Never Married	1	7.7	2	15.4	1	7.7	6	46.2	3	23.1	13	100.0
Total	4		12		10		62		40		128	

$\chi^2 = 34.83$ with 20 degrees of freedom

Not significant at 5% level

the group, Separated, with 5 out of 41 (13%). Finally 4 of the Never Married group responded in the "dissatisfied" range (4/13, 31%). What these figures indicate is that proportionately more of the Never Married and Married groups were dissatisfied with service. It is difficult to determine what the reason for this figure is. The high proportion (31%) of Never Married, and of Married (25%), reporting dissatisfaction is noteworthy. Though interesting, these differences are not statistically significant.

Satisfaction with service was also the most frequent response when examining primary client and satisfaction. (Table 4.7) Again, looking at the dissatisfaction end of the scale, we find that 24% of the category, wife/mother responded at this level.

Insert Table 4.7 here

Some 13% of the category husband/father answered here, as did 67% of the category other male. (The frequency of other male was 2 out of 3; while this is a small frequency, the percentage bears some examination by the agency. Also, the 24% who reported dissatisfaction in the group wife/mother warrants further examination by the agency. None of these differences was statistically significant.)

This comparison of client characteristics and client satisfaction with service shows the following: (1) Most clients report satisfaction with service. (2) Several

TABLE 4.7
COMPARISON OF PRIMARY CLIENT WITH CLIENT LEVEL OF SATISFACTION WITH SERVICE

Primary Client	Level of Satisfaction with Service											
	Very Dis- satisfied		Some- what satisfied		NO Particular Feelings		Satisfied		Very Satisfied		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Husband/Father	0	0.0	1	2.5	4	10.0	24	60.0	11	27.5	40	100.0
Wife/Mother	3	4.3	9	12.9	5	7.1	28	40.0	25	35.7	70	100.0
Other Male	0	0.0	1	33.3	1	33.3	1	33.3	0	0.0	3	100.0
Other Female	0	0.0	1	6.7	0	0.0	9	60.9	5	33.3	15	100.0
Total	3		12		10		62		40		128	

$\chi^2 = 23.20$ with 12 degrees of freedom

Not significant at 5% level

categories (Never Married, Married, and Wife/Mother) report levels of dissatisfaction within groups that suggest the need for further study. (3) There was a very large percentage (67%) of the group, other male, who reported dissatisfied or neutral responses. While this is a small group, the figure is an indication that the agency may not be serving this group.

Comparisons between client satisfaction and such service characteristics as (1) counselor years with agency, (2) client and counselor matched on gender, and (3) service problems (Research Question 3) are included in Tables 4.8 through 4.10.

Satisfaction with service was the dominant response. Therefore, looking at the distribution of dissatisfactory responses seems to be of the most interest. As in the discussion of question 2, the categories "very dissatisfied", "somewhat dissatisfied", and "no particular feelings" are combined.

For clients who saw counselors who had worked for the agency six years, 10 out of 41 (23%) gave responses at the lower end of the scale (Table 4.8).

Insert Table 4.8 here

For counselors with nine years at the agency, 16% of the clients (6/37) responded in the dissatisfaction range; for counselors with eight years, 6% (1/16) clients; for counselors

TABLE 4.8
 COMPARISON OF COUNSELOR YEARS WITH THE AGENCY WITH
 CLIENT LEVEL OF SATISFACTION WITH SERVICE

Counselor Years With Agency	Level of Satisfaction with Service											
	Very Dis- satisfied		Some- what Dis- satisfied		No Particular Feelings		Satisfied		Very Satisfied		Total	
	n	%	n	%	n	%	n	%	n	%		
Less Than One Year	0	0.0	1	8.3	1	8.3	5	41.7	5	41.7	12	100.0
One Year	2	9.1	2	9.1	2	9.1	11	50.0	5	22.7	22	100.0
Six	0	0.0	5	12.2	5	12.2	19	46.3	12	29.2	41	100.0
Eight	1	6.3	0	0.0	0	0.0	7	43.8	8	50.0	16	100.0
Nine	0	0.0	4	10.8	2	5.4	20	54.1	11	29.7	37	100.0
Total	3		12		10		62		40		128	

$\chi^2 = .61$ with 16 degrees of freedom

Not significant at 5% level

with less than one year, 16% (2/12). These figures are not statistically significant.

Gender matching between counselor and client is not an intentional procedure of this agency. The results shown in Table 4.9 show 50% occurrence of matching on gender between client and counselor.

Insert Table 4.9 here

Some 84% of the matched respondents reported satisfaction as compared to 76% of the unmatched respondents. This is not statistically significant.

Some interesting things emerge in looking at the comparison of service problems and satisfaction with service (Table 4.10). First, satisfaction is the dominant response.

Insert Table 4.10 here

Most of the respondents reported no service problems, and of this group, 86% reported satisfaction. Some 32 respondents reported some service problems, with 62% of this group reporting satisfaction. Clients most frequently reported fees as a service problem. (See Table C, p. 128 Appendix D.) This figure corresponds to the total percentage of those reporting some service problem. There is a drop in level of satisfaction with service as a service problem is encountered (from 86% to 62%), and should be

TABLE 4.9
 COMPARISON OF CLIENT-COUNSELOR GENDER MATCHING WITH
 CLIENT LEVEL OF SATISFACTION WITH SERVICE

Level of Satisfaction with Service

Client-Counselor Match on Gender	Very Dis- satisfied		Some what satisfied		No Particular Feelings		Satisfied		Very Satisfied		Total	
	n	%	n	%	n	%	n	%	n	%		
Yes	0	0.0	6	9.4	4	6.3	33	51.6	21	32.8	64	100.0
No	3	4.7	6	9.4	6	9.4	29	45.3	20	29.7	64	100.0
Total	3		12		10		62		40		128	

$X^2 = 4.75$ with 4 degrees of freedom

Not significant at 5% level

TABLE 4.10

COMPARISON OF SERVICE PROBLEMS WITH
CLIENT LEVEL OF SATISFACTION WITH SERVICE

Level of Satisfaction with Service*

Service Problems**	Dissatisfied		Satisfied		Total	
	n	%	n	%		
No Service Problems	13	13.5	83	86.4	96	100.0
Service Problems	12	37.5	20	62.5	32	100.00
Total	25		103		128	

$\chi^2 = 8.74$ with 1 degree of freedom

Significant at 1% level

*Level of Satisfaction was collapsed from 5 categories to 2.

**Service Problems was collapsed from the operationalized list to 2.

examined further by the agency. This is important information in terms of further study of how service problems affect clients satisfaction with services at this agency. This difference is statistically significant ($p < .01$).

Comparisons between client satisfaction with service and client self-reported change based on change scores and global outcome (Research Question 4) are included in Tables 4.11 and 4.12.

Some 87% of respondents perceiving change on the positive side of the change score scale were satisfied with service. (Table 4.11) For all those perceiving negative change, only 42% were satisfied with service.

Insert Table 4.11 here

In contrast, of those who expressed dissatisfaction, 58% perceived negative change, while only 13% perceived positive change. These differences were statistically significant ($p < .001$).

Tables 4.10 and 4.11 were collapsed in order to eliminate the many cells with small frequencies. The original tables were statistically significant (4.10 = .003; and 4.11 = .0002) and this significance, though lessened, was not lost in this procedure.

The comparison of Global outcome with satisfaction (Table 4.12) shows similar results.

TABLE 4.11
 COMPARISON OF CHANGE SCORES WITH
 CLIENT LEVEL OF SATISFACTION WITH SERVICE

Level of Satisfaction with Service*

Change Scores*	Dissatisfied		Satisfied		Total	
	n	%	n	%		
0 - -20	11	57.8	8	42.1	19	100.0
+01 - +20	14	12.8	95	87.1	109	100.0
Total	25		103		128	

$\chi^2 = 19.67$ with 1 degree of freedom

Significant at .1% level

*These are collapsed categories for the purpose of eliminating the large number of zero cells.

Insert Table 4.12 here

Some 88% of those who reported that their situation was better than when they first came to the agency were satisfied with service. This figure is similar to the 87% who perceived positive change and satisfaction. (Table 4.11) In addition, 65% of persons who perceived global outcome as worse were satisfied with service, while some 35% were dissatisfied. These differences were statistically significant ($p < .01$).

Comparisons of client perception of service and counselor perception of service (Research Question 5) based on evaluation of agency helpfulness, client-counselor relationship ratings, and evaluation of global outcome, are included in Tables 4.13 through 4.15.

Some 71% of clients and counselors were in agreement that the agency had been helpful, either "some" or "a great deal". (Table 4.13) Some 23% of the client respondents evaluated agency help negatively ("made things worse", "made no difference", and "mixed"); on these same 23%, counselors had evaluated agency helpfulness as positive.

Insert Table 4.13 here

While this latter discrepancy seems interesting, relative to further agency investigation, these differences are not statistically significant.

TABLE 4.12

CLIENT PERCEPTION OF GLOBAL OUTCOME WITH
CLIENT LEVEL OF SATISFACTION WITH SERVICE

Level of Satisfaction with Service*

Global Outcome*	Dissatisfied		Satisfied		Total
	n	%	n	%	
Worse	15	34.8	28	65.1	43 100.0
Better	10	11.7	75	88.2	85 100.0
Total	25		103		128

$\chi^2 = 9.70$ with 1 degree of freedom

Significant at 1% level

*These categories have been collapsed to eliminate the large number of zero cells.

TABLE 4.13

COMPARISON OF AGENCY HELPFULNESS:
COUNSELOR EVALUATION BY CLIENT EVALUATION

Client Evaluation of Agency Helpfulness

Counselor Evaluation of Agency Helpfulness	Made Things Worse		Made No Difference		Mixed		Helped Some		Helped A Great Deal		Total	
	n	%	n	%	n	%	n	%	n	%		
Made Things Worse	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Made No Difference	0	0.0	0	0.0	0	0.0	1	100.0	0	0.0	0	100.0
Mixed	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Helped Some	3	3.6	16	19.0	4	4.8	39	63.9	22	61.1	84	100.0
Helped A Great Deal	1	3.2	1	3.2	1	3.2	16	51.6	12	38.7	31	100.0
Unknown	0	0.0	0	0.0	2	22.2	5	55.6	2	22.2	9	100.0
Total	4		17		7		61		36		125	

$\chi^2 = 13.36$ with 12 degrees of freedom

Not significant at 5% level

In Table 4.14, some 66% of clients and counselors were satisfied with the client-counselor relationship.

Insert Table 4.14 here

Of the clients who reported dissatisfaction with the relationship, 15% of the counselors reported satisfaction. Of the 20% of the clients who perceived satisfaction with the relationship, counselors reported dissatisfaction. Again, these differences are not statistically significant.

Some 53% of clients and counselors agreed on changes for the better in global outcome (Table 4.15).

Insert Table 4.15 here

Some 15% of the counselors evaluated clients as better who perceived themselves as "worse", "unchanged" or with "no problems". As with the previous two comparisons of client-counselor evaluations, these differences are not statistically significant.

The National Family Service Association Research Department performed a test of significance in order to compare the change scores obtained from Family Service Agency in Lincoln, Nebraska with national averages (Research Question 7). (See Appendix D for and explanation of the preparation procedures necessary for this comparison.) The comparisons and results from this test are included in Tables 4.16 and 4.17.

TABLE 4.14
COMPARISON OF COUNSELOR RELATIONSHIP RATING AND CLIENT RELATIONSHIP RATING

Client Relationship Rating	Counselor Relationship Rating								Total			
	Very Dissatisfied	Some what Dissatisfied	No Particular Feelings	Satisfied	Very Satisfied	Total	%	%				
	n	%	n	%	n	%	n	%	n	%		
Very Dissatisfied	0	0.0	0	0.0	1	25.0	3	75.0	0	0.0	4	100.0
Somewhat Dissatisfied	0	0.0	2	25.0	2	25.0	2	25.0	2	25.0	8	100.0
No Particular Feelings	0	0.0	0	0.0	0	0.0	4	66.7	2	33.3	6	100.0
Satisfied	0	0.0	8	16.7	5	10.4	27	56.3	8	16.7	48	100.0
Very Satisfied	2	3.1	4	6.3	7	10.9	31	48.4	20	31.3	64	100.0
Total	2		14		15		67		32		130	

$\chi^2 = 14.95$ with -16 degrees of freedom
Significant at 5% level

TABLE 4.15

COMPARISON OF CLIENT AND COUNSELOR PERCEPTION OF GLOBAL OUTCOME

Counselor Perception	Client Perception of Global Outcome												Total			
	No Problems, Much Worse			Somewhat Worse			Unchanged			Better/Worse/Some Other				Somewhat Better		
	n	%	n	%	n	%	n	%	n	%	n	%		n	%	n
Unchanged*	0	0.0	0	0.0	0	0.0	3	42.9	1	14.3	2	28.6	1	14.3	7	100.0
Better/Some Worse/Others	0	0.0	0	0.0	1	33.3	0	0.0	0	0.0	0	0.0	1	33.3	1	33.3
Somewhat Better	4	5.9	3	4.4	3	4.4	5	7.4	11	16.2	26	38.2	16	23.5	68	100.0
Much Better	2	5.7	0	0.0	0	0.0	3	8.6	1	2.9	15	42.9	14	40.0	35	100.0
Unknown	2	11.8	0	0.0	1	5.9	2	11.8	2	11.8	7	41.2	3	17.6	17	100.0
Total	8		3		5		13		15		51		35		130	

$\chi^2 = 29.18$ with 24 degrees of freedom

Not significant at 5% level

*Categories 0, 1, and 2 of Counselor Perception of Global Outcome had no frequencies, and were not included in the computation.

Insert Tables 4.16 and 4.17 here

While the results show no statistically significant difference at the .05 level between the sample group from Lincoln FSA, and the comparison group, even after corrections for size of city, the difference is statistically significant at the .10 level. This significance was in a negative direction. The difference bears consideration by the agency.

It must be also noted that the return rate reported to the National Research Department was based on a population of 382, instead of the 352 used for the computations of this study. The adjustment to 352 (subtracting the No Address cases) was made subsequent to sending the data to the national office. Whether this adjustment would make a significant difference is not known.

TABLE 4.16

COMPARISON OF LINCOLN FSA WITH POOLED AVERAGE SCORES
FOR OTHER FSAA MEMBER AGENCIES

	N	Return Rate	Actual Change	Mean Score	Expected Score
Lincoln FSA	130	34%		8.21	7.84
Comparison Group	1682	51%		8.23	7.80

$t = -.100$

Not significant at 5% level

TABLE 4.17

COMPARISON OF LINCOLN FSA WITH POOLED AVERAGE SCORES
FOR OTHER FSAA MEMBER AGENCIES:
CORRECTED FOR SIZE OF CITY

	N	Return Rate	Actual Change	Mean Score	Expected Score
Lincoln FSA	130	34%		8.21	7.84
Comparison Group	1682	51%		8.23	7.80

$t = -1.65$

Not significant at 5% level

CHAPTER V

IMPLICATIONS WITH PROGRAM AND RESEARCH RECOMMENDATIONS

The purpose of this research has been to provide input from clients for program planning as a part of the agency's total process of accountability. It has been the premise of this research that an important element of the accountability process for human service agencies is seeking information from clients about their perception of change and satisfaction with agency service. The very act of gathering such information is part of the agency's being accountable to the client; such activity is, in fact, saying to clients that what they think and feel is important.

It has not been the purpose of this research to study effectiveness from client satisfaction and perception of change. What can be done with the information obtained is to translate it into ways that the agency can enhance its services to meet the perceived needs of the clients.

This study has shown several statistically significant differences between respondents and non-respondents. On family type, only 51% of the non-respondents were from husband/wife families, as compared to 75% of the respondents.

Also, 14% more non-respondents than respondents were from female head families. These statistically significant differences indicate less traditional family structures among non-respondents.

This inference is also supported when examining respondents and non-respondents on marital status. While 8% fewer non-respondents were married, 10% fewer non-respondents were separated. In addition, more non-respondents were divorced, and more were never married. It would seem then, that a higher percentage of responses were received from persons reflecting married spouses with intact families.

In the comparisons of the 1979 Study and the 1977-78 Study, several statistically significant differences were found. It seems that in the categories client level of satisfaction with client-counselor relationship (Table 4.2) and client level of satisfaction with agency services, (Table 4.1), clients in 1977-78 were more willing to report that they were "very satisfied" than simply "satisfied". While both studies showed an 86% level of client satisfaction with service, the extreme category of "very satisfied" was not as frequently chosen by clients responding in 1979. It is not possible to know the reasons for such a difference from this data. The 1979 survey was three pages longer and such an analysis could deter expression of strong satisfaction. This is

not a probable argument from the available data, and such inferences are speculation at best. In addition the revised long form of the questionnaire includes five categories on the Satisfaction Scale, while the short form contains only four categories on the same scale.

Statistical significance was found in the comparison of service problems and satisfaction with service. (Table 4.10) The level of reported satisfaction decreases as clients meet service problems. While this seems obvious, this fact needs to be seriously considered in program planning. Fees was the most frequently reported service problem.

It is expected that as people perceive change for the better that they would report satisfaction with service. Such were the results reported in comparisons of (Table 4.11) and global outcome (Table 4.12). It is not possible, however, to know which came first--satisfaction or perception of change for the better. They are probably closely interrelated, as the literature on cognitive dissonance would indicate.

The following are program and research recommendations which have been determined from this study:

- 1) Examine what changes were made in the program during the last year which might account for the difference in client satisfaction with service between 1979 and 1977-78.

Changes in the program not reflected in this study could more accurately account for this difference.

2) Design questions and research to determine why females more frequently initiate service, that is, are seen as the primary client.

3) Study the implication of the dissatisfaction level within the Married, Never Married, and Wife/Mother groups. Closer examination may reveal special needs that can be met by this agency.

4) Design short-term research for specific client groups e.g., No-fault Divorce, Never Married. These are suggestions of types of short-term studies that could be done to assess specific groups.

5) Include education level as part of the demographic data for clients.

6) Include Socioeconomic Status (SES) as a variable in the next client satisfaction survey.

7) Encourage clear planning at the outset of service with each client. This enables better assessment of whether or not goals were reached. This planning (statement of problem, goals, modality choices, modalities used, and assessment) are essential for useful interpretation of statistics for future programming to correlate with program policies and goals.

8) Examine the fee scale to determine if it fits with the socioeconomic status of most clients using the

agency. Of the reported service problems, fees was most frequently cited as a problem for clients.

9) Initiate the next client satisfaction survey in the next six months for a period of six months. Choose one of the following methods to increase the response rate:

- a) telephone contacts to all non-respondents; train interviewers for this purpose;
- b) follow-up letter with second questionnaire;
- c) initial contact letter with a monetary incentive, follow-up letter containing reminder of incentive;
- d) uncoded questionnaires with coded postcard to return separately indicating the return of the instrument.

10) Institute a specific research study on service problems perceived by clients and how this affects client satisfaction with the agency.

These recommendations seem to be the most salient at this time. There are many areas to examine, and this research has revealed some of them. No attempt was made to determine the predicted change score for comparison with actual change score. Such a comparison would be valuable information for long range planning. From the data provided from this study, Family Service Agency of Lincoln, Nebraska can better determine which client groups are most satisfied with them, and which groups seem least helped, from the perspective of the client. With this information, the agency can determine those services it wishes to emphasize, those it would like to improve, and those it may find necessary to de-emphasize as unwarranted in terms of expenditure of energy to change.

REFERENCES

- Austin, David M., and Robert S. Caulk. Issues in social services: A program for NASW. New directions for the seventies. Washington, D.C.: National Association of Social Workers, 1973.
- Balch, Philip, John F. Ireland, Spencer A. McWilliams, and Susan B. Lewis. Client evaluation of community mental health services: Relation to demographic and treatment variables. American Journal of Community Psychology. 5:2, 1977:243-247.
- Bandler, Richard, and John Grinder. Frogs into princes. Moab, Utah: Real People Press, 1979.
- Beck, Dorothy Fahs. Research findings on the outcomes of marital counseling. Social Casework. 56, 1975:
_____ Coding instructions for client follow-up code card. New York: Family Service Association of America. 1979.
- Beck, Dorothy Fahs, and Mary Ann Jones. Progress on family problems. New York: Family Service Association of America. 1973.
_____ How to conduct a client follow-up study. New York: Family Service Association of America. 1974.
- _____ Debate with authors: "Do family services help?": A response. Social Service Review. June, 1976a:312-324.
- _____ Revised questionnaire: FSAA form. New York: Family Service Association of America. 27:2, 1976b.

Coulton, Claudia J., and Phyllis L. Solomon. Measuring outcomes of intervention. Social Work Research and Abstracts. 13:4, Winter 1977:3-9.

Dailey, Wilda J., and Kenneth Ives. Exploring client reactions to agency service. Social Casework. April 1978:233-245.

Edwards, Daniel W., Richard M. Yarvis, Daniel P. Mueller, and Donald G. Langsley. Does patient satisfaction correlate with success? Hospital and Community Psychiatry. 29:3, 1978:188-190.

Festinger, L. A theory of cognitive dissonance. Evanston, Illinois: Row, Petersen, 1957.

Festinger, L., and J.M. Carlsmith. Cognitive consequence of forced compliance. Journal of Abnormal and Social Psychology. 58, 1959:203-210.

Fischer, Joel. Is casework effective? A review. Social Work. January 1973:5-20.

_____ Isn't casework effective yet? Social Work. 24:3, May 1979:245-247.

Fiske, Donald W. The shaky evidence is slowly put together. Journal of Consulting and Clinical Psychology. 37:3, 1971:314-315.

Garfield, Sol L., Richard A. Prager, and Allen E. Bergin. Evaluation of outcome in psychotherapy. Journal of Consulting and Clinical Psychology. 37:3, 1971:307-313.

- Geismar, L.L. Thirteen evaluative studies. In E. J. Mullen, J.R. Dumpson, and Associates, eds. Evaluation of social work intervention. San Francisco: Jossey-Bass. 1972.
- Giordano, Peggy C. The client's perspective in agency evaluation. Social Work. 22:1, January 1977:34-39.
- Goldman, Leo. A revolution in counseling research. Journal of Counseling Psychology. 23:6, 1976:543-552.
- Gordon, G., and E.V. Morse. Evaluation research. In A. Inkeles, ed. Annual review of Sociology I. Palo Alto, California: Annual Reviews, Inc. 1975:339-361.
- Heberlein, Thomas A., and Robert Baumgartner. Factors affecting response rates to mailed questionnaires: A quantitative analysis of the published literature. American Sociological Review. 43, August 1978:447-462.
- Hollis, Florence. Evaluation: Clinical results and research methodology. Clinical Social Work Journal. 4:3, Fall 1976:204-222.
- Horenstein, David, B. Kent Houston, and David S. Holmes. Clients', therapists', and judges' evaluations of psychotherapy. Journal of Counseling Psychology. 20:2, 1973:149-153.
- Hoshino, George. Social services: The problem of accountability. Social Service Review. 47:3, September 1973: 373-383.

- Justice, Blair, and George McBee. A client satisfaction survey as one element in evaluation. Community Mental Health Journal. 14:3, 1978:248-252.
- Kolevzon, Michael S. Negative findings revisited: Implications for social work practice and education. Clinical Social Work Journal. 5:3, Fall 1977:210-218.
- LaCrosse, Michael B. Comparative perceptions of counselor behavior: A replication and extension. Journal of Counseling Psychology. 24:6, 1977:464-471.
- Leve, Robert M. A comment on Garfield, Prager, and Bergin's evaluation of outcome in psychotherapy. Journal of Consulting and Clinical Psychology. 42:2, 1974: 293-295.
-
- Lincoln Family Service Study, 1977-78.
Lincoln, Nebraska: Family Service Agency. 1978.
- Luborsky, Lester. Perennial mystery of poor agreement among criteria for psychotherapy outcome. Journal of Consulting and Clinical Psychology. 37:3, 1971:316-319.
- Maglin, Arthur. Social values and psychotherapy. Catalyst: A Socialist Journal of the Social Services. 1:3, 1978.
- Mahoney, Michael J. Experimental methods and outcome evaluation. Journal of Consulting and Clinical Psychology. 46:4, 1978:660-672.
- Maluccio, Anthony N. Perspectives of social workers and clients on treatment outcome. Social Casework. 60:7, July 1979:394-401.

- Margolis, Ronald B., James L. Sorensen, and Joseph Galano. Consumer satisfaction in mental health delivery services. Professional Psychology. 8:1, February 1977: 11-16.
- Mintz, J. What is "success" in psychotherapy? Journal of Abnormal Psychology. 80, 1972:11-19.
- Mosak, Harold H. Adlerian psychotherapy. Raymond J. Corsini, ed. Current psychotherapies, second edition. Itasca, Illinois: F.E. Peacock, Inc. 1979:44-94.
- Newman, Edward, and Jerry Turem. The crisis of accountability. Social Work. January 1974:5-16.
- Prager, Edward, and Henry Tanaka. Self-assessment: The client's perspectives. Social Work. 25:1, January 1980:32-34.
- Rosenberg, Marvin L., and Ralph Brody. The threat or challenge of accountability. Social Work. 19, May 1974:344-350.
- Schuerman, John R. Do family services help? An essay review. Social Service Review. September 1975: 363-374.
- Scheirer, Mary Ann. Program participants' positive perceptions: Psychological conflict of interest in social program evaluation. Evaluation Quarterly. 2:1, February 1978:53-69.
- Scotch, E. Bernard, and Virginia B. Haskett. Preparing social workers for an age of accountability: Understanding cost analysis. Journal of Education For Social Work. 14:3, Fall 1978:107-113.

Tripodi, Tony, Phillip Fellin, and Henry J. Meyer. The assessment of social research. Itasca, Illinois: F.E. Peacock Publishers, Inc. 1969.

Tropp, Emmanuel. Expectation, performance, and accountability. Social Work. 19, March 1974:139-148.

_____ United States budget in brief, fiscal year 1974. Washington, D.C.: U.S. Government Printing Office. 1973.

U.S. Bureau of the Census. County and city data book, 1977 (A statistical abstract supplement). 1978:307.

Wood, Katherine M. Casework effectiveness: A new look at the research evidence. Social Work. November 1978: 437:458.

_____ There are reviews, and then there are reviews. Social Work. 24:3, May 1979:248-249.

Zimbalist, Sidney E. Historic themes and landmarks in social welfare research. New York: Harper and Row, Publishers, Inc. 1977.

APPENDIX A

FAMILY SERVICE STUDY

Since you recently have been to our family service agency, we are eager to know whether the service you received from our agency was helpful or not and in what ways. Your opinions are important to us. Please answer all questions even if you have to guess. If either you or your family have been to our agency before this last contact, please tell us only about your most recent period of service.

1. What was the one most important problem that brought you to our agency?

2. What did you most want to accomplish regarding this problem? (Please be as specific as possible.)

Was this accomplished? (Check only one item.)

- Yes, completely
- For the most part
- Partially
- Made a beginning
- Made no progress
- Situation worse
- Changed my idea of what I wanted

3. Did someone counsel you or talk with you about this or any other problems?

Yes No

If YES, was this helpful?

- Very helpful
- Somewhat helpful
- Not helpful
- Don't know

4. Did our agency provide any other service?

Yes No

If YES, what was the service?

Was it helpful?

- Very helpful
- Somewhat helpful
- Not helpful
- Don't know

5. Did they suggest some other place where you might go?

Yes No

If YES, where? _____

Did you go?

Yes No (or not yet)

Did it help?

Yes No Don't know yet

If they suggested a SECOND place to go, where was this?

Did you go?

Yes No (or not yet)

Did it help?

Yes No Don't know yet

6. Was there any kind of service or help you expected or needed from our agency that you didn't get?

Yes No

If YES, what was it? _____

7. In general, how satisfied were you personally with the way you and your counselor got along with each other?

- * Very satisfied
- * Satisfied
- * Somewhat dissatisfied
- * Very dissatisfied
- * No particular feelings one way or the other

*Please tell us why you felt this way.

8. Was there anything about our agency or its program or policies that made problems for you or your family, such as fees, having to wait, distance to agency, appointment hours, having to change to a new counselor, etc.?

___ Yes ___ No

If YES, what was it? _____

9. Why did you stop coming to our agency?

10. Would you consider coming back to our agency again if you needed help in the future?

___ Yes ___ No

If NO, why not? _____

11. In general, how did you feel about the services of our agency?

- ___ Very satisfied
- ___ Satisfied
- ___ Somewhat dissatisfied
- ___ Very dissatisfied
- ___ No particular feelings one way or the other

Any comments? _____

The questions on this page ask about problems that you and your family had when you came to our agency and whether these problems are now MUCH BETTER, SOMEWHAT BETTER, THE SAME, SOMEWHAT WORSE, or MUCH WORSE. If you do not live with your family, there may be some items that won't apply to you, perhaps "Problems between husband and wife" or "Raising children..." etc. Just skip those.

12. When you first came to our agency did you or any other members of your family have any of the following problems? (Read list below and check at the left all that were a problem for anyone in your family at the time of your most recent application.)

Now, for each problem you have checked on the left, please put a check mark in one of the five columns below to indicate whether that problem is now MUCH BETTER, SOMEWHAT BETTER, THE SAME, SOMEWHAT WORSE, or MUCH WORSE compared with when you first came to the agency. The change could be either in the problem itself, or in the way you or your family handle it now, or in how easy or hard it is to live with.

TYPE OF PROBLEM	MUCH BETTER	SOMEWHAT BETTER	SAME	SOMEWHAT WORSE	MUCH WORSE
___ Problems between husband and wife	___	___	___	___	___
___ Problems between parents and children (child under 21)	___	___	___	___	___
___ Problems between other family members (Who? _____)	___	___	___	___	___

TYPE OF PROBLEM	MUCH BETTER	SOMEWHAT BETTER	SAME	SOMEWHAT WORSE	MUCH WORSE
<ul style="list-style-type: none"> — Raising children, taking care of their needs, training, discipline, etc. — Taking care of house, meals, or family health matters — Managing money, budgeting, or credit — Problems in social contacts or use of leisure time 	—	—	—	—	—
<ul style="list-style-type: none"> — Not enough money for basic family needs — Being unemployed or in a poor job — Housing problems — Unwed parenthood — Legal problems (such as divorce, custody, rent, bills, etc., not involving crime) 	—	—	—	—	—
<ul style="list-style-type: none"> — Doing poorly at work or having trouble holding a job — Doing poorly or misbehaving in school — Drinking too much — Taking drugs — Getting in trouble with the law — Trouble getting along with others — Trouble handling emotions or behavior 	—	—	—	—	—

TYPE OF PROBLEM	MUCH BETTER	SOMEWHAT BETTER	SAME	SOMEWHAT WORSE	MUCH WORSE
— Health problems, physical illness, or handicap.					
— Need for physical care (for aged, child, sick, etc.)	—	—	—	—	—
— Need for protective services (for aged, child, etc.)	—	—	—	—	—
— Mental illness	—	—	—	—	—
— Mental retardation	—	—	—	—	—
— Other problem (What? _____)	—	—	—	—	—

13. Now circle on the left the check for the one most important problem you wanted help with. If you had no problems, please check here:

14. In addition to the kinds of help we have been asking about, family agencies are also concerned with neighborhood and community conditions which cause problems for families. For this reason we would like to know whether any of the following were a serious problem for you or your family when you came to our agency. (Check all that were a problem.)

- | | |
|--|---|
| <input type="checkbox"/> Poor job opportunities | <input type="checkbox"/> No day care centers for children |
| <input type="checkbox"/> Poor or no job training opportunities | <input type="checkbox"/> No home care services for aged or sick |
| <input type="checkbox"/> Poor schools | <input type="checkbox"/> Inadequate legal help |
| <input type="checkbox"/> Rundown neighborhood | <input type="checkbox"/> Discrimination (racial, ethnic, religious, etc.) |
| <input type="checkbox"/> Unsafe neighborhood | <input type="checkbox"/> Poor recreational opportunities |
| <input type="checkbox"/> Heavy drug use in area | <input type="checkbox"/> Poor or costly transportation |
| <input type="checkbox"/> Poor police protection | <input type="checkbox"/> Other conditions (What? _____) |
| <input type="checkbox"/> Unfair credit practices | |
| <input type="checkbox"/> Poor health resources | |

NO COMMUNITY SITUATIONS WERE A SERIOUS PROBLEM FOR OUR FAMILY (Skip to Question 15.)

Do you know of any way our agency tried to help with these community conditions? Yes No

If YES: How? _____

Was what we did about these conditions helpful to you and your family? Yes No Don't know

15. People who have been to family agencies sometimes find that, regardless of what they came about, there are changes in how the members of the family get along together. Would you say that since you satrted at our agency this time there has been any change for the better or for the worse in the way the members of your family-- (Check only one column for each item.)

If you have <u>no</u> family nearby, answer in terms of your other relationships.	MUCH BETTER	SOMEWHAT BETTER	SAME	SOMEWHAT WORSE	MUCH WORSE	NOT A PROBLEM
Talk over problems, listen to each other, share feelings	___	___	___	___	___	___
Handle arguments and work out differences	___	___	___	___	___	___
Accept and help each other, pay attention to each other's needs. . .	___	___	___	___	___	___
Feel toward each other (how close and comfortable, how you enjoy each other.	___	___	___	___	___	___
How husband and wife get along sexually (Answer only if you are the husband or wife.)	___	___	___	___	___	___
Get along in other ways (How? _____)	___	___	___	___	___	___

16. When people work on their problems at a family agency, they sometimes find that there is a change in how they feel about those problems and the way they handle them. If you have discussed any problems with our agency, would you say that you personally have noticed since then any change for the better or worse in-- (Check only one column for each item.)

	MUCH BETTER	SOMEWHAT BETTER	SAME	SOMEWHAT WORSE	MUCH WORSE
The way you <u>feel about</u> your problems (how worried, overwhelmed, angry, confused, guilty, etc.) . . .	___	___	___	___	___
The way you <u>understand your</u> problems (what they are and who or what contributes to them).	___	___	___	___	___
The kinds of ideas you have on what to do about your problems (what should or should not be tried)	___	___	___	___	___
The way you <u>work with others</u> in handling problems (talking things over instead of fighting or avoiding, etc.) . . .	___	___	___	___	___

Since coming to the agency, have you actually--

Made any decisions on what to do about your problems? Yes No

Taken any specific action on your problems? * Yes No

*If you have taken some action, did this turn out to--

<input type="checkbox"/> help greatly	<input type="checkbox"/> make things somewhat worse
<input type="checkbox"/> help somewhat	<input type="checkbox"/> make things much worse
<input type="checkbox"/> make no difference	<input type="checkbox"/> can't tell yet

17. List below all members of your family, including yourself, regardless of whether they were seen at our agency. Do not use names, but give instead their relationship to the head of your family. Also list any others (relatives, friends) who were involved in the problem for which you came to our agency, provided our agency contacted them in regard to it.

After each person you have listed, place a check in the column that best describes the direction of change (even if slight) in his or her behavior, attitudes, feelings, or ability to handle problems since service with the agency began.

RELATIONSHIP (List husband, wife, son, uncle, niece, etc. <u>Include yourself.</u>)	DIRECTION OF CHANGE				
	Much Better	Somewhat Better	Same	Somewhat Worse	Much Worse

Persons 21 or Over (or 21 if now or ever married):

Husband-father _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wife-mother _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Persons Under 21 and Single:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

↑ Write "self" in front of line you have used to report yourself.

18. Considering all members of your family and all problems you discussed with your counselor, how would you say things are now compared with when you first came to our agency this time?

Much better
 Somewhat better
 Unchanged
 Somewhat worse
 Much worse
 Better in some ways but worse in others

*If things got worse, please describe what happened: _____

No problems discussed

19. How do you feel the service provided by our agency influenced the changes you have reported?

Helped a great deal
 Helped some
 Made no difference
 Made things worse (Please explain: _____)

20. Any additional comments about your experience with our agency?

21. Did anything not related to agency service influence the changes you have reported? (Check below all that had an influence.)

Other services or aid, such as from doctor, lawyer, welfare, school (What? _____)

Changes in your life situation, such as health, job promotion, birth of baby, loss of income (What? _____)

Influence of an important person not involved in agency service, such as a friend, relative (Who? _____)

No such influence

Did the factor(s) checked above make things better or worse for you and your family?

Better Worse Some of both

22. Who filled out this questionnaire?

Husband or father

Wife or mother

Husband and wife together

Other (Who? _____)

Please make sure you have answered all the questions. Mail the questionnaire in the stamped, self-addressed envelope that came with it. Thank you very much for your help. Your answers will be studied carefully along with many others in order that we may continue to improve our services to families and individuals.

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FSAA FORM NO. 27 Rev.2

INFORMATION ON THE RELIABILITY AND VALIDITY
OF THE FSAA CHANGE SCORE

Use of the FSAA client change score or its components in other studies and in supplementary analyses has yielded to date the following evidence relevant to its reliability and validity:

<u>Type of Test and Source</u>	<u>Correlation Reported</u>	<u>Number of Cases</u>
<u>Reliability (test/retest):</u>		
Client's change score based on first follow-up response, correlated with change score computed from a second questionnaire sent out later to same clients and returned about three weeks after first (Beck and Jones, 1974)	+.93**	31
<u>Reliability (internal-consistency type):</u>		
Client's change score based on all components, correlated with subscores for four component areas computed from the same response (Beck and Jones, unpublished data):		
Changes in presenting problems.	+.79***	1,606
Changes in problem-coping	+.81***	1,597
Changes in family relationships	+.82***	1,397
Changes in individual family relationships	+.78***	1,568
<u>Validity (evidence obtained from independent rating by same client):</u>		
Client's change score correlated with client's global rating of outcome (item <u>not</u> used in computation of change score) (Beck and Jones, 1973)	+.74***	1,638
<u>Validity (evidence based on before-after differences on independent self-reports from same client):</u>		

(cont.)

Family relationship and problem-coping components of FSAA change score, correlated with following tests (Korte, 1976):

Change on Locke-Wallace marital satisfaction text	+ .53**	40
Composite index of change based on seven pre-post measures . .	+ .47**	40

Validity (evidence based on before-after differences on independent self-reports from same client (cont.):

Family relationship and problem-coping components of change score, correlated with changes in semantic differential tests (Korte, 1976):

Changes in attitudes toward self	+ .38*	40
Changes in attitudes toward marital partner	+ .36*	40
Changes in attitudes toward women in general	+ .33*	40

Family relationship components of FSAA change score (husbands' and wives' reports merged), correlated with van der Veen's Family Concept Q-Sort (written version) (Macon, 1975):

Adjustment difference score . . .	+ .44**	24
Closeness vs. alienation difference score	+ .42*	24

Family relationship component of the FSAA change score (separate scores for husbands and wives), correlated with van der Veen's Family Concept Q-Sort (hand-sort version) (Wattie, 1972):

Wives receiving continued service	+ .50*	20
Husbands receiving planned short-term service	+ .33**	24

(cont.)

APPENDIX B

OPERATIONAL DEFINITIONS

For purposes of obtaining desired data, the variables in the research questions (page 42) were matched to specific items on the survey questionnaire, and/or to data from agency files. The variables were operationalized in the following way:

SOURCE OF INFORMATION	VARIABLE LABEL	VALUE LABEL
Agency Files	<u>Client Demographic Information</u>	
	Response Type	1 = Mail 2 = Telephone
	Family Type	1 = Husband/Wife Family 2 = Male Head 3 = Female Head 4 = Female Living Alone 5 = Male Living Alone
	Marital Status	1 = Married 2 = Unmarried Pair 3 = Separated 4 = Divorced 5 = Widowed 6 = Never Married
	Family Size	1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6+
	Primary Client	1 = Husband/father 2 = Wife/mother 3 = Other male 4 = Other female

SOURCE OF
INFORMATION

VARIABLE LABEL

VALUE LABEL

Age

1 = Under 21
 2 = 21 - 64
 3 = 64+

Race

1 = White
 2 = Black
 3 = Native American
 4 = Asian or Pacific
 Island Races
 5 = Other

Source of
Referral

1 = Self
 2 = Friends, relatives
 3 = Private social
 agencies, mental
 health facilities
 4 = Schools
 5 = Physicians
 6 = Lawyers, courts,
 police
 7 = Public Welfare
 Agencies
 8 = Churches or
 clergymen
 9 = Other (Business,
 Industry)
 0 = No new referral
 (former client)

Agency Files

Counselor's EvaluationsCounselor
Relationship
Rating

1 = Very Dissatisfied
 2 = Somewhat
 Dissatisfied
 3 = No Particular
 Feelings One Way
 or the Other
 4 = Satisfied
 5 = Very Satisfied

Agency
Helpfulness
(Counselor Rating)

1 = Made things worse
 2 = Made no difference
 3 = Mixed
 4 = Helped some
 5 = Helped a great deal
 6 = Unknown

SOURCE OF
INFORMATION

VARIABLE LABEL

VALUE LABEL

Global Outcome (Counselor Rating)	1 = Much Worse
	2 = Somewhat worse
	3 = Unchanged
	4 = Better in some ways but worse in others
	5 = Somewhat Better
	6 = Much Better
	7 = Unknown
	0 = No problems dis- cussed or no answer

Agency Files

Worker Demographic Information

Education	1 = BA/BS
	2 = MSW
	3 = MS/MA Related Field
Years Experience	1 = Less than 1 year
	2 = 1 - 4.9
	3 = 10 - 14.9
	4 = 15 - 19.9
	5 = 20 - 24.9
	6 = 25 - 29.9
	7 = 30 - 34.9
	8 = 35 - 39.9
Years With Agency	0 = Less than 1 year
	1 = 1 - 1.9
	2 = 2 - 2.9
	3 = 3 - 3.9
	4 = 4 - 4.9
	5 = 5 - 5.9
	6 = 6 - 6.9
	7 = 7 - 7.9
	8 = 8 - 8.9
	9 = 9 - 9.9
Matched on Gender	1 = Yes
	2 = No

SOURCE OF
INFORMATION

VARIABLE LABEL

VALUE LABEL

Job Title
(Counselor)

1 = Caseworker/
Counselor
2 = Supervisor or
other executive
staff
3 = Professional from
other discipline
4 = Case Aide
5 = Student In
Placement
6 = Volunteer

Survey Question

Client Satisfaction With Service

#

2

Goal Attained

0 = No Answer
1 = Situation worse
2 = Made No Progress
3 = Made a Beginning
4 = Partially
5 = For the most part
6 = Yes, completely
7 = Changed my idea
of what I wanted

7

Relationship
Rating

1 = Very Dissatisfied
2 = Somewhat
dissatisfied
3 = No particular
feelings one way
or the other
4 = Satisfied
5 = Very Satisfied

8

Service
Problems

1 = Fees
2 = Inconvenient
office hours
3 = Inconvenient
office location
4 = Not getting desired
service
5 = Having to wait for
service
6 = Having to transfer
to another worker
7 = Other
0 = No service problems

SOURCE OF INFORMATION	VARIABLE LABEL	VALUE LABEL
Survey Question #		
9	Why Stopped Going to Agency	1 = Problem solved or less stressful 2 = Decided to handle on own or go elsewhere 3 = Service not helpful or not available 4 = Other family member unwilling to go 5 = Situational reason, e.g., moving, illness 6 = Dissatisfaction with counselor or treatment plan or outcome 7 = Problems with service arrangements, e.g., fees, hours, etc. 8 = Went as far as could go with agency 9 = Other
10	Go Back to Agency	1 = Yes 2 = No 3 = Undecided
10a	Why Not	1 = Service didn't help or made things worse 2 = Complaints about counselor 3 = Couldn't get the type of service wanted 4 = Complaints about the agency 5 = Found someplace, someone, or something else to help so won't need agency

(Continued next page)

SOURCE OF INFORMATION	VARIABLE LABEL	VALUE LABEL
Survey Question #		
10a (cont.)	Why Not	6 = Won't have the problem again, don't expect to need help again 7 = Situational factors, e.g., moving away 8 = Objections of other family members 9 = Other
11	Satisfied With Service	1 = Very Dissatisfied 2 = Somewhat dissatisfied 3 = No particular feelings one way or the other 4 = Satisfied 5 = Very satisfied

Problems and Outcomes

12	Most Important Problem	01 = Problems between husband and wife 02 = Problems between parents and children (child under 21) 03 = Problems between other family members 04 = Raising children, taking care of their needs, training, discipline, etc. 05 = Taking care of house, meals, family 06 = Managing money, budgeting, or credit 07 = Problems in social contacts or use of leisure time (continued next page)
----	------------------------	---

SOURCE OF INFORMATION	VARIABLE LABEL	VALUE LABEL
Survey Question #		
12 (cont.)	Most Important Problem	08 = Not enough money for basic family needs 09 = Being unemployed or in a poor job 10 = Housing problems 11 = Unwed parenthood 12 = Legal problems 13 = Doing poorly at work or having trouble holding a job 14 = Doing poorly or misbehaving in school 15 = Drinking too much 16 = Taking drugs 17 = Getting in trouble with the law 18 = Trouble getting along with others 19 = Trouble handling emotions or behavior 20 = Health problems, physical illness or handicap 21 = Need for physical care (aged, child) 22 = Need for protective services (aged, child) 23 = Mental illness 24 = Mental retardation 25 = Other problem 00 = No problem
13	Change on Same	1 = Much worse 2 = Somewhat worse 3 = Same 4 = Better in some ways but worse in others 5 = Somewhat better 6 = Much better

SOURCE OF INFORMATION	VARIABLE LABEL	VALUE LABEL
Survey Question #		
13a	Other Problems	00-25 (Same list in same order as Most Important Problem)
14	Number of Environmental Problems	0 = No problems 1 = 1 problem 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6 7 = 7
18	Global Outcome	1 = Much worse 2 = Somewhat worse 3 = Unchanged 4 = Better in some ways but worse in others 5 = Somewhat better 6 = Much better 0 = No problems discussed, no answer
17a	Perceived Change Husband/Father	1 = Much worse 2 = Somewhat worse 3 = Same 4 = Better in some ways but worse in others 5 = Somewhat better 6 = Much better
17b	Perceived Change Wife/Mother	(Same as 17a)
17c	Perceived Change Other Adult	(Same as 17a)
17d	Number of Children Who Improved	1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6 0 = None improved; stayed the same; or no children

SOURCE OF INFORMATION	VARIABLE LABEL	VALUE LABEL
Survey Question # 19	Agency Helpfulness	1 = Made things worse 2 = Made no difference 3 = Mixed 4 = Helped some 5 = Helped a great deal
21	External Influences	1 = Positive influence (better) 2 = No influence (or some of both) 3 = Negative influence (worse)
12, 15, 16, 17	Change Score	1 = -20 to -15.5 2 = -15 to -10.5 3 = -10 to -05.5 4 = -05 to -00.5 5 = 0 6 = +01 to +05.5 7 = +06 to +10.5 8 = +11 to +15.5 9 = +16 to +20.0

APPENDIX C

FREQUENCIES AND PERCENTAGES

TABLE A
CLIENT RELATIONSHIP RATING *

Category	n	%
Very Dissatisfied	4	3.1
Somewhat Dissatisfied	8	6.2
No Particular Feelings One Way or the Other	6	4.6
Satisfied	48	36.9
Very Satisfied	64	49.2
Total	130	100.0
*Question #7		

TABLE B
GOAL ATTAINED *

Category	n	%
Not Answered	2	1.5
Situation Worse	4	3.1
Made No Progress	13	10.0
Made a Beginning	25	19.2
Partially	22	16.9
For the Most Part	37	28.5
Yes, Completely	25	19.2
Changed My Idea of What I Wanted	2	1.5
Total	130	100.0
*Question #2		

TABLE C
SERVICE PROBLEMS *

Category	n	%
No Problems	98	75.4
Fees	19	14.6
Inconvenient Office Hours	3	2.3
Inconvenient Office Location	3	2.3
Not Getting Desired Service	1	0.8
Having To Wait For Service	3	2.3
Having To Transfer To Another Worker	0	0.0
Other	3	2.3
Total	130	100.0
*Question #8		

TABLE D
WILLING TO RETURN TO AGENCY IN FUTURE*

Category	n	%
Yes	108	83.1
No	12	9.2
Undecided	10	7.7
Total	130	100.0
*Question #10		

TABLE E
CLIENT SATISFACTION WITH SERVICE *

Category	n	%
Very Dissatisfied	3	2.3
Somewhat Dissatisfied	12	9.2
No Particular Feelings One Way or the Other	10	7.7
Satisfied	63	49.2
Very Satisfied	4	3.1
Total	128	100.0
*Question #11		

TABLE F
NUMBER OF ENVIRONMENTAL PROBLEMS *

Category	n	%
None	79	60.8
One	25	19.2
Two	9	6.9
Three	12	9.2
Four	3	2.3
Five	0	0.0
Six	1	0.8
Seven	1	0.8
Total	130	100.0
*Question #14		

TABLE G
 MOST IMPORTANT PROBLEM *

Category	n	%
Problems Between Husband and Wife	67	51.5
Problems Between Parents and Children (under 21)	10	7.7
Problems Between Other Family Members	3	2.3
Raising Children, Taking Care of Their Needs, Training, Discipline, etc. ¹	7	5.4
Problems in Social Contacts or Use of Leisure Time	3	2.3
Being Unemployed or in a Poor Job ²	2	1.6
Unwed Parenthood	5	3.8
Legal Problems	10	7.7
Trouble Handling Emotions or Behavior ³	17	13.1
Other Problems	6	4.6
Total	130	100.0

*Question #13

See Appendix B, Page 116, for Problem Codes:

¹ Includes 6

² Includes 13

³ Includes 14, 16, 17, 18

TABLE H
CHANGE PERCEIVED IN HUSBAND/FATHER *

Category	n	%
Much Worse	5	5.1
Somewhat Worse	7	7.1
Same	22	22.4
Better In Some Ways But Worse In Others	1	1.0
Somewhat Better	44	44.9
Much Better	19	19.6
Total	98	100.0
*Question #17		

TABLE I
CHANGE PERCEIVED IN WIFE/MOTHER *

Category	n	%
Much Worse	1	0.9
Somewhat Worse	5	4.5
Same	19	17.3
Better In Some Ways But Worse In Others	2	1.8
Somewhat Better	56	50.9
Much Better	27	24.5
Total	110	100.0
*Question #17		

TABLE J
PERCEIVED CHANGE IN OTHER ADULTS *

Category	n	%
Much Worse	1	5.0
Somewhat Worse	0	0.0
Same	8	40.0
Better In Some Ways But Worse In Others	0	0.0
Somewhat Better	5	25.0
Much Better	6	30.0
Total	20	100.0
*Question #17		

TABLE K
NUMBER OF CHILDREN PERCEIVED TO CHANGE POSITIVELY *

Category	n	%
None ₁	73	56.2
One	29	22.3
Two	19	14.6
Three	6	4.6
Four	1	0.8
Five	0	0.0
Six	2	1.5
Total	130	100.0
*Question #17		

¹No improvement; stayed the same, became worse, or no children.

TABLE L
CLIENT PERCEPTION OF GLOBAL OUTCOME *

Category	n	%
No Problems Discussed; No Answer	8	6.2
Much Worse	3	2.3
Somewhat Worse	5	3.8
Unchanged	13	10.0
Better In Some Ways But Worse In Others	15	11.5
Somewhat Better	51	39.2
Much Better	35	26.9
Total	130	100.0
*Question #18		

TABLE M
CLIENT PERCEPTION OF AGENCY HELPFULNESS *

Category	n	%
Made Things Worse	4	3.2
Made No Difference	17	13.6
Mixed	7	5.6
Helped Some	61	48.8
Helped A Great Deal	36	28.8
Total	125	100.0
*Question #19		

TABLE N

CLIENT PERCEPTION OF EXTERNAL INFLUENCES ON CHANGE *

Category	n	%
Positive Influence (Better)	53	40.8
No Influence (Or Some of Both)	73	56.1
Negative Influence (Worse)	4	3.1
Total	130	100.0
*Question 21		

TABLE O

SOURCE OF REFERRAL

Category	n	%
No New Referral (Former Client)	3	2.3
Self	45	34.6
Friends, Relatives	26	20.0
Private Social Agencies, Mental Health Facilities	10	7.7
Schools	1	0.8
Physicians	5	3.8
Lawyers, Courts, Police	28	21.5
Public Welfare Agencies	1	0.8
Churches or Clergymen	1	0.8
Other (Business, Industry)	10	7.7
Total	130	100.0

TABLE P
EDUCATION OF COUNSELOR BY NUMBER OF CLIENTS SEEN

Education Level	Number of Clients Seen	
	n	%
BA/BS	57	43.8
MSW	53	40.8
MS/MA Related Field	20	15.4
Total	130	100.0

TABLE Q
YEARS OF EXPERIENCE OF COUNSELOR BY
NUMBER OF CLIENTS SEEN

Years of Experience	Number of Clients Seen	
	n	%
Less than 1 year	4	3.1
1 - 4.9	6	4.6
5 - 9.9	67	51.5
10 - 14.9	0	0.0
15 - 19.9	37	28.5
20 - 24.9	0	0.0
25 - 29.9	0	0.0
30 - 34.9	0	0.0
35 - 39.9	16	12.3
Total	130	100.0

TABLE R

COUNSELOR YEARS WITH AGENCY BY NUMBER OF CLIENTS SEEN

Number of Years	Number of Clients Seen	
	n	%
Less Than 1 Year	13	10.0
1 - 1.9	22	16.9
2 - 2.9	0	0.0
3 - 3.9	0	0.0
4 - 4.9	0	0.0
5 - 5.9	0	0.0
6 - 6.9	42	32.3
7 - 7.9	0	0.0
8 - 8.9	16	12.3
9 - 9.9	37	28.5
Total	130	100.0

TABLE S

CLIENT/THERAPIST MATCHED ON GENDER

Category	n	%
Yes	64	49.2
No	66	50.8
Total	130	100.0

APPENDIX D

REQUEST FOR COMPARISON OF AGENCY'S AVERAGE
CHANGE SCORE WITH AN AVERAGE CHANGE
SCORE BASED ON THE NATIONAL
SAMPLE*

In the instructions on analyzing your follow-up returns, the fourth type of analysis described was a refinement procedure which should be used if you wish to compare your average change score with average change scores from the national study. (See a description of this procedure on pages 45-48.) This procedure requires that you send certain materials to the Research Department at FSAA. When you do so, you will receive back information as to whether the average change score from your returns is significantly higher, lower, or not significantly different from a change score based on a similar group of cases from the national sample. You are eligible for this service, at no cost, if--

Your agency is currently a member of FSAA.

You used the long form of the questionnaire.

You have computed client change scores on at least 60 follow-up cases, all of which received some counseling and whose schedules met the other criteria for this scoring procedure (see page 51).

If you meet the above requirements and wish to make this type of comparison, please answer the following questions:

1. During the entire course of the follow-up study, how many cases were designated for follow-up, whether or not the effort was successful? 382
2. For how many cases was a completed follow-up schedule received? 150
3. On how many cases receiving counseling was it possible to compute a change score? 130
4. How many of these change scores were based on--

Mail questionnaires?	<u>118</u>	In-person or phone	<u>22</u>
		interviews?	
5. What was the overall average change score for the cases included in your answer to question 3 above? 8.21

(The "average change score" is the sum of the individual change scores, with plus and minus signs retained, divided by the total number of change scores available.)

In addition to the above information, submit duplicates of the following items:

All of your Change Score Work Sheets

Both of your Distribution of Sample forms
(Upper and Middle SES and Lower SES)*

Agency _____ City/State _____

Person authorizing
request _____ Position _____ Date _____

*This form, Request for Comparison, was obtained from How to Conduct a Client Follow-up Study, by Dorothy Fahs Beck and Mary Ann Jones, New York: Family Service Association of America, 1974.

TEST 1

(Without correction for size of city)

REPORT ON COMPARISON OF YOUR LOCAL AVERAGE CHANGE SCORE WITH A POOLED AVERAGE OF SCORES FOR OTHER FSAA MEMBER AGENCIES THAT HAVE USED THE 5-POINT SCORE AND SUBMITTED FULL DETAILS TO FSAA IN SATISFACTORY FORM

To: Family Service Association of Lincoln, Nebraska

From: Research Department, Family Service Association of America

Date: April 1980

	<u>Your Sample</u>	<u>Comparison Group</u> ¹
Number of cases	<u>130</u>	<u>1,682</u>
Percentage of return	<u>34%</u>	<u>51%</u>
Actual mean change score (5-point scale)	<u>8.21</u>	<u>8.23</u> (a)
Standard deviation	<u>6.63</u>	<u>6.39</u>
Expected Score	<u>7.84</u>	<u>7.80</u>
	difference = $\frac{+.04}{(b)}$	
Actual comparison group mean	$\frac{8.23}{(a)} + \text{difference}$	$\frac{.04}{(b)} = \frac{8.27}{(c)}$
		Comparison group actual mean after correction to increase comparability with your agency sample ²

¹Comparison data used here were obtained from Ft. Worth, Warren, Atlanta, Chicago, Akron, New Orleans, Indianapolis, Buffalo, Stamford.

²Corrections are based on data for five client and service characteristics, method of follow-up, and percentage of return. Data utilized were reported in the FSAA census of

$$\frac{8.21}{\text{(Your agency actual score)}} - \frac{8.27}{\text{(c)}} = \frac{-0.06}{\text{(d)}} \quad \text{Amount by which your agency sample is above/below comparison group after correction}$$

$$\text{Standard error of difference in means} \quad \frac{.60}{\text{(e)}}$$

$$\frac{\text{Corrected difference between means (d)}}{\text{Standard error of difference in means (e)}}$$

$$= \frac{-0.06}{.60} = \frac{-.100}{.60} = t$$

CONCLUSION: This difference ~~is~~/is not statistically significant at the .05 level for a sample of 130 cases.

1970, in your "Distribution of Agency Sample by Five Factors" and in similar reports from the comparison group agencies. The correction is intended to provide a comparison average that is as nearly as possible comparable to your agency mean.

TEST 2

(With correction for size of city)

REPORT ON COMPARISON OF YOUR LOCAL AVERAGE CHANGE SCORE WITH A POOLED AVERAGE OF SCORES CORRECTED FOR SIZE OF CITY FOR OTHER FSAA MEMBER AGENCIES THAT HAVE USED THE 5-POINT SCORE AND SUBMITTED FULL DETAILS TO FSAA IN SATISFACTORY FORM

To: Family Service Association of Lincoln, Nebraska

From: Research Department, Family Service Association of America

Date: April 1980 Population category used: 100,000-499,999

	<u>Your Sample</u>	<u>Comparison Group</u> ¹	
Number of cases	<u>130</u>	<u>1,682</u>	
Percentage of return	<u>34%</u>	<u>51%</u>	
Actual mean change score (5-point scale)	<u>8.21</u>	<u>8.23</u> (a)	
Standard deviation	<u>6.63</u>	<u>6.39</u>	
Expected score	<u>8.04</u>	<u>7.07</u>	
			difference = $\frac{+.97}{(b)}$
Actual comparison group mean	$\frac{8.23}{(a)}$	+	difference $\frac{.97}{(b)}$ = $\frac{9.2}{(c)}$ Comparison group actual mean after correction to increase comparability with your agency sample ²

¹Comparison data used here were obtained from Ft. Worth, Warren, Atlanta, Chicago, Akron, New Orleans, Indianapolis, Buffalo, Stamford.

²Corrections are based on data for five client and service characteristics, method of follow-up, percentage of return, and size of city where agency is located. Data utilized

$$\frac{8.21}{\text{(Your agency actual score)}} - \frac{9.2}{\text{(c)}} = \frac{-0.99}{\text{(d)}}$$
 Amount by which your agency sample is ~~above~~/below comparison group after correction

Standard error of difference in means $\frac{.60}{\text{(e)}}$

Corrected difference between means $\frac{.}{\text{(d)}}$ Standard error of difference in means $\frac{.}{\text{(e)}}$

$$= \frac{-0.99}{.60} = \frac{-1.65}{.60} = t$$

CONCLUSION: This difference ~~is~~/is not statistically significant at the .05 level for a sample of 130 cases.

were reported in the FSAA census of 1970, in your "Distribution of Agency Sample by Five Factors" and in similar reports from the comparison group agencies. The correction is intended to provide a comparison average that is as nearly as possible comparable to your agency mean.